DEPT. 65

JOB- 27

REEL- 99

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. [ ] To be sold as scrap or waste paper	B. [X] To be Burned or shredded	C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent			

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR — Howard C. Zapf

2. APPROVED: CITY SOLICITOR — Thomas N. Biddison

3. APPROVED: CITY COMPTROLLER — Hamilton A. Preston

4. APPROVED: CITY TREASURER — John E. Mowlds

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — Bernard Turnbull

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — W. T. Hunter

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE — Carl A. Hunter

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

10348

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10348

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Belto. Gen. Hosp. 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 39 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U.S. Veteran specify WAR

2. FULL NAME J. Manning Goldsborough
(a) Residence: No. 3803 Guyon Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna C. Goldsborough
6b. DATE OF BIRTH (month, day, year): Nov. 2 1897
7. AGE: Years 39 Months 11 Days 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): May 1937
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: Joseph Goldsborough
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Nellie A. Yates
16. BIRTHPLACE (city or town) (State or country): Md.
17. INFORMANT: Anna C. Goldsborough
(Address) 3803 Guyon Oak Ave.
18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Oct. 28 37
19. UNDERTAKER: John J. Kenny
(Address) 715 Light St.
FILED Oct 30 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/25 1937
22. I HEREBY CERTIFY, That I attended deceased from 10/6/37 to 10/25 1937
I last saw him alive on 10/25 1937 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tbc.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10/20/37
For what disease or injury? Pulmonary tbc.
What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton Linn M. D.
(Address) West Baltimore Gen'l

F 10349

10343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Greenmount Ave. St.) (12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Sarah Gooch

(a) Residence: No. 3800 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	W	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

13. NAME John G. Gooch

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Nancy Raines

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Carter (Address) 3800 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL Place Wagner's Point Date 10/28/37

19. UNDERTAKER John J. Moran (Address) 3000 E. Baltimore St.

20. FILED 10 (Registrar)

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937 to Oct 24, 1937

I last saw her alive on 10/24/37, 1937 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Oct 23 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H. D. Wheaton M. D.

(Address) 4307 York Rd

40350 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40350

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Somerset St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Dowdy

(a) Residence: No. 423 Somerset St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1915

6. DATE OF BIRTH (month, day, year) March 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Robert Dowdy

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lula Carter

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Mrs. Lula Dowdy

(Address) 423 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Park Date Oct 28 1937

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED Oct 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-1937

I HEREBY CERTIFY, That I attended deceased from Oct 14 1937 to Oct 24 1937

I last saw h... alive on Oct 23 1937 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

	Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) W. T. Coleman, M. D.

(Address) 710 S. Mount

F 40351

40351 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 82-B

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Flowers

(a) Residence: No. 2001 Wentworth Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Warren Flowers

6. DATE OF BIRTH (month, day, year) Nov. 22, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (Month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER, FATHER

13. NAME Wm. Curry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Carter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Warren Flowers
(Address) 2001 Wentworth Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Date 10 am Oct 28 1937

19. UNDERTAKER Fred Lassahn Son
(Address) 741 Belair Rd

Oct 27 1937 Filed Oct 28 1937 Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy? Yes

What test confirmed diagnosis? Clin

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

9/25

F 40352

0352

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2028 Linden Ave (St.) W. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. If of foreign birth? 45 yrs. mos. da. How long in U. S. If of foreign birth?

2. FULL NAME Isaac Rosenkoff If U. S. Veteran specify WAR

(a) Residence: No. 2028 Linden Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of yetta

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mens clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 50

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Milton Stark (Address) 2028 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship 10/27/37

19. UNDERTAKER Jack Lewis Inc (Address) 1429 E Baltimore St

FILED 27 1937 19 Registrar. Huntington Humane, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/37

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1937 to Oct 25 1937

I last saw him alive on Oct 25 1937 Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Sclerosis	
Aortic insufficiency	
Coronary thrombosis	

Other contributory causes of importance:

Coronary Thrombosis	

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Pl

10353 Blivess 10353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1052 W. Balto. St. 18 - 2nd Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Bliveas

(a) Residence: No. 1052 W. Balto. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Samuel Bliveas

6. DATE OF BIRTH (month, day, year): — 1893

7. AGE: Years 44 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (city or town) (State or country): New York

13. NAME OF FATHER: Aaron Levy

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME OF MOTHER: Anna Fogelman

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Samuel Bliveas (Husband) 1052 W. Balto

18. BURIAL, CREMATION, or REMOVAL: Place Levindale. Date 10-27- 37

19. UNDERTAKER (Address): Lee Funeral Home 2218 E. Baltimore St.

FILED OCT 27 1937

Huntington Williams 3rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-26-, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937 to Oct. 26 1937

I last saw her alive on Oct 26 1937 7:25 P. m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	Dec. 1936
Other contributory causes of importance: Cardio-vascular failure	

Was an operation performed? — Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank R. DiPaula M. D.

(Address) 232 S. Carrollton Ave.

0351 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10351

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 S. ELLWOOD AVE. St., 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CAPT. THOMAS P. WHELAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 827 S. ELLWOOD AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of CATHERINE WHELAN

6. DATE OF BIRTH (month, day, year) JAN. 1/ 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED CAPTIAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0860

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER FATHER

13. NAME JAMES WHELAN

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME MARGARET MURPHY

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT CATHERINE WHELAN (WIFE)
(Address) 827 S. ELLWOOD AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place NEW CATHEDRAL Date OCT. 28, 1937

19. UNDERTAKER Lilly & Zeilenhe
(Address) 403 E. Lexington St.

20. FILED OCT 27 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Oct 25, 1937

I last saw him alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 8/30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular renal disease	
Apoplexy (Cerebral Thrombosis)	Oct 17 1937
Terminal Bronchopneumonia	Oct 22 1937
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Edw. Schmincke, M. D.

(Address) 842 S. Broadway

10355 E 40355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1209-K

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henry Klunk.

(a) Residence No. 20 E Lexington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 4 1870

7. AGE: Years 67; Months 4; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Clerk in Court
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER FATHER

13. NAME: Jas M Klunk
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Harriet Kemp
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mr Louis Klunk 819 Payson St

18. BURIAL, CREMATION, ~~removal~~: Place Fort Lincoln, Md. Date Oct 27 37

19. UNDERTAKER (Address): Stewart & Mowen Company 118-W North Avenue

Huntington Williams, Registrar

FILED 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Autopsy

Pulmonary Thrombosis — Date of onset 10/25/37

Other contributory causes of importance:

Rupture of Muscles alone right Patella

Was an operation performed? Yes Date of 10.25.

For what disease or injury? Repair of Muscles

Name of operation: Union Mem Hos Date of 10/13/37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? Fayette & Calvert (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: On street stepping on St. Car

Manner of injury: Leg catched under it

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify: No

(Signed) John A Evans, M. D. Coroner

(Address) Coroner

10358 | 10358 | 10356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 76-9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Fischer — If U. S. Veteran specify WAR .....

(a) Residence: No. 3802 Linden st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 5/26/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 1	2 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Bernard Fischer

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Minnie Gumper

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct 27 1937

19. UNDERTAKER Lilly & Zeglen Inc
(Address) 403 N Wolfe St

20. FILED ..... 19 ..... Registrar

OCT 27 1937 Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1937 to Oct 25 1937

I last saw him alive on Oct 25 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date at Onset
(a) Cerebral Hemorrhage	10-20

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Walter M. Kilcoy M. D.

(Address) Johns Hopkins Hosp

Spec.—2-29-28—L. F. S.—500 Bks.

F 40357

10357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

REGISTERED NO. 6-2

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Kieselhorst

(a) RESIDENCE NO. 10 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Kieselhorst

DATE OF BIRTH (month, day, and year) Jan 18—1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9.	7.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Factory

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Carrie Kieselhorst

(Address) 10 N ROSE ST.

Filed ... 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25, 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct-20 ..., 1937, to Oct. 25, 1937

that I last saw him alive on Oct. 25 ..., 1937

and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypostatic pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Generalized arteriosclerosis

Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. E. Bathgate, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood.

DATE OF BURIAL Oct 28 1937

20 UNDERTAKER Tilly & Zeiler Inc.

ADDRESS 763 W Baltimore St

Spec. 2-20-28—L. F. S.—500 Bks.

F 40358

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40358

V 91-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST., 19-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Marshall

(a) RESIDENCE NO. 14 S. Maine St. Reisterstown, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie F Marshall

DATE OF BIRTH (month, day, and year) Oct 10 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Western Md R.R.

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co

10 NAME OF FATHER John Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Jane Hampshire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

Informant Bessie F Marshall

(Address) Reisterstown

Filed 7 1927, 19 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1927 to Oct. 27, 1927

that I last saw h alive on Oct. 27, 1927

and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* was as follows: Subacute ~~la~~ pectoral endocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) J. T. Bathgate, M. D.

19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury M. E. Cem.	Oct 30 1927
20 UNDERTAKER	ADDRESS
H. Elton & Sons	Reisterstown Md

10359 HEALTH DEPARTMENT—CITY OF BALTIMORE 10359

CERTIFICATE OF DEATH

Registered No. 30

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. WEST BALTIMORE GEN. HOSPITAL Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS GOLDIE PHELPS
If U.S. Veteran specify WAR
(a) Residence: No. WOODLAWN. MD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. Color or Race: WHITE
5. Single, Married, Widowed, or Divorced (write the word): MARRIED
6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Roland Phelps
7. DATE OF BIRTH (month, day, year): AUG 19, 1908
8. AGE: Years: 29 Months: 2 Days: 8 If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): CARROLL CO. MD.
13. NAME: JAMES GARNER
14. BIRTHPLACE (city or town) (State or country): CARROLL CO. MD.
15. MAIDEN NAME: RACHEL BECKAFF
16. BIRTHPLACE (city or town) (State or country): CARROLL CO. MD.
17. INFORMANT: Roland Phelps
(Address): Catonsville Md
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Cem. Date: 10-30-37
19. UNDERTAKER: A. C. Dryenbothom Inc
(Address): Edmondson Ave Catonsville Md
OCT 27 1937
Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1937
22. I HEREBY CERTIFY, That I attended deceased from OCT 18, 1937 to OCT 27, 1937
I last saw her alive on OCT 27, 1937 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:
TUBERCULOSIS OF KIDNEY — Date of onset 1929
Other contributory causes of importance:
CHRONIC UREMIA

Was an operation performed? NO Date of
For what disease or injury?
What test confirmed diagnosis? URINAL CULTURE Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Milton Linn M. D.
(Address) West Baltimore General

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40360

F 40360

CERTIFICATE OF DEATH

12-6 ✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Baltimore St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran -- specify WAR

2. FULL NAME Edward Mata

(a) Residence: No. 702 N. 5th Street St., ... Ward. Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored - Filipino	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 1, 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manila
(State or country) Philippine Islands

13. NAME Theodora Mata

14. BIRTHPLACE (city or town) Manila
(State or country) Philippine Islands

15. MAIDEN NAME Manuella Arueme.

16. BIRTHPLACE (city or town) Manila
(State or country) Philippine Islands

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Md. Date 10/29/37, 19

(UNDERTAKER) B. Engelke Funeral Home, Bogal
(Address) 1424 E. Baltimore St.

(FILED) Huntington Williams, MD
OCT 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to October 26, 1937.

I last saw him alive on October 26, 1937. Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary	7 mos.
Pulmonary hemorrhage	40 min.
Other contributory causes of importance:	

Was an operation performed? Yes Date of 8/20-10/26/37

For what disease or injury? Tuberculosis.

Name of operation Pneumothorax.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) I. B. N. a Clerk, M. D.

(Address) U.S. Marine Hospital - Baltimore, Maryland

40361 F 40361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-B

Registered No. 243

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles F. Stevens

(a) Residence: No. Beverly Beach Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 10, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Chas. F. Stevens

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Chas. F. Stevens

(Address) Beverly Beach

18. BURIAL, CREMATION OR REMOVAL

Place Catholic Cem. Date 10/20/37 19

19. UNDERTAKER Chas F. Stevens.

(Address) 1501 Pine St.

20. FILED 19 Registrar Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. R. Wellen, M. D.

Coroner

(Address) 2757 N. Howard St.

1 30—M. & T.—256 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40362

CERTIFICATE OF DEATH.

23 F 40362

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 322 N. Bruce ST 19-1 WARD)

2-FULL NAME Anna Mitchell

(a) RESIDENCE NO. 322 N. Bruce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: F.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) Dec. 25, 1912

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9	29	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: 0

IRTHPLACE (city or town) (State or country): Chester S. C.

0 NAME OF FATHER: Fred Mitchell

1 BIRTHPLACE OF FATHER (city or town) (State or country): Chester S. C.

2 MAIDEN NAME OF MOTHER: Susie Watkins

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Chester S. C.

Informant (Address): Fred Mitchell 322 N Bruce St

1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-24-37

17

I HEREBY CERTIFY, That I attended deceased from 9-10-, 1937, to 10-24, 1937,

that I last saw he alive on 10-23-, 1937,

and that death occurred, on the date stated above, at 9,30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. (?) ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. MacDowell M. D.

10-24 1937 (Address) 201 N Caey St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Oct 27, 1937

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS: 320 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

40363

CERTIFICATE OF DEATH

108 F 40363

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E. Lake Ave. St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Lucas Russell

(a) Residence: No. 216 E. Lake Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen R. Candler

7. DATE OF BIRTH (month, day, year) Sept 19 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Room Man for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. M. P. Murphey Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Edward L. Russell

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Luella A. Gaines

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Walter B. Candler

(Address) Green Spring Valley, Stevenson

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 10/28/37

19. UNDERTAKER John D. Mitchell Funeral Inc.

(Address) 1900 Eutaw Place

Huntington Williams 17

OCT 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937 to Oct 25, 1937

I last saw him alive on Oct 25, 1937 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

Labor pneumonia — Date of onset Oct 14/37

Other contributory causes of importance:

Labor pneumonia — Oct 17 37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Thoracal What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If not specified

(Signed) Walter Dorbatt, M. D.

(Address) 2220 Garrison Blvd.

✓ F 40364

0364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B cc

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Broniakoski, Baby Boy

(a) Residence: No. 207 E. Fountain St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		10 minutes	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Paul Broniakoski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen Skalski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Reports to the City Hospitals Mrs. Helen Broniakoski

(Address) 207 E. Fountain St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 27 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntingtown Williamsport, Md.

27 1937

see reverse side 3584

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy or Inquiry thereon and from the evidence obtained by said Inquest / Autopsy or Inquiry and that said deceased came ...his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Autopsy. Hemorrhage of Umbilicus Cord. Premature Delivery. Body found on dumpsty E.D. Police on property City Hospitals Oct 2-1937

Date of onset Oct 1-1937

Other contributory causes of importance: Breech Presentation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

✓ F 40365

0365. **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Caroline St., 7-4 (Ward)

Length of residence in city or town where death occurred 39 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willis Howard Frazier

(a) Residence: No. 1023 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Longo

6. DATE OF BIRTH (month, day, year) 1/20/1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. city

PARENTAGE

13. NAME William H. Howard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Virginia J. Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillie Howard
(Address) 1023 N. Caroline

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 10/28 1937

19. UNDERTAKER Lloyd G. Locke Jr.
(Address) 1402 Jefferson St.

11/7 1937 Huntington Williams, Nkt
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937 to Oct 25 1937

I last saw h[illegible] alive on Oct 25 1937 Death is said to have occurred on the date stated above, at 11[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	✓
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1612 E Monument ✓

0366 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10366

CERTIFICATE OF DEATH

122-3

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 4 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ruth Higgins

If U. S. Veteran specify WAR .....

(a) Residence: No. 2804 Hillcrest Av St., ... Ward, Parkville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Higgins

6. DATE OF BIRTH (month, day, year) Nov 1 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Minnesota

13. NAME Peter Bartelman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Johnson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Richard J. Higgins

(Address) 2804 Hillcrest Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/28 1937

19. UNDERTAKER Henry H. Mears and Son

(Address) 500 W Fulton St

20. FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937 to Oct 26, 1937

I last saw h[illegible] alive on Oct 26, 1937 Death is said to have occurred on the date stated above, at 2 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Oct 22
Other contributory causes of importance:	

Was an operation performed? Yes, Date of Oct 25-37

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Kane M. D.

(Address) Mercy Hospital

0367 E 10367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Menlo Drive St. 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Mettee,

(a) Residence: No. 3608 Menlo Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Norris I. Mettee,

6. DATE OF BIRTH (month, day, year) November 8. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md,

FATHER

13. NAME Wm. Henry Holmes,

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Francis Mehlhorn,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Holmes I. Mettee,
(Address) 3608 Menlo Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Md. Date OCT 29 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

OCT 27 1937 Huntington Williams Nº

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 . 1937. to Oct 26 . 1937.

I last saw h[illegible] alive on Oct 26 . 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver.	Dec 4 '36.
Other contributory causes of importance:	
Cystitis.	Oct 25

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. B. Greenstead M. D.

(Address) 2200 Jamison Blvd.

✓ F 40368

40368 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N Stricker St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henrietta Winder

If U. S. Veteran specify WAR.

(a) Residence: No. 1336 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Widow

6. DATE OF BIRTH (month, day, year) abt 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired — Pst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South River A A Co Md

FATHER

13. NAME Robert Beaton

14. BIRTHPLACE (city or town) (State or country) South River A A. Co Md

MOTHER

15. MAIDEN NAME Elizabeth Brooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nelly Beaton Olney

(Address) 1336 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Oct 28 1937

19. UNDERTAKER E H & J B Parker

(Address) 47 Washington St

27 1937 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Oct 26 1937

Chronic Myocarditis — Date of onset about Sept 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Wasley Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 567 Lexington St.

USA

M. D. B. 1268-9

✓ F 40369

0369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-4 178-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (specify WAR)

2. FULL NAME May Belle McCurley

(a) Residence: No. 2033 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ( )

6. DATE OF BIRTH (month, day, year) March 13, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Instructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eriangor-Over Alls Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward McCurley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Clara Bell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Harry Frey
(Address) 2033 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 28, 1937

19. UNDERTAKER Jos. Block
(Address) 1003 W. Baltimore St.

Oct 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did that said deceased came to her death on the date stated above, as follows:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Oct 25, 1937

Where did Injury occur? 2033 Harlem Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Gas escaping in kitchen.

Nature of injury Tube became detached

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Kahn Gregory M. D. Coroner

(Address) 1215 Hanover St.

10370 F 10370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Richardson

(a) Residence: No. 943 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Ben Richardson

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Pearl Willet

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Pearl Richardson

(Address) 943 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date OCT 27 1937

Commissioner of Health

Per M. A. Moore

19. UNDERTAKER

(Address)

7 1937

Huntington Williams, M.D.

Registrar

3.26.38 H

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Oct 26, 1937

21. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937 to Oct 26 1937

Last saw h[illegible] alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 12 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, left,	
& Paralytic Ileus	
Meningitis (Type not known)	

Other contributory causes of importance:

Dehydration

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph E. Bach M. D.

(Address) University Hospital

✓ F 40371

0371

HEALTH DEPARTMENT—CITY OF BALTIMORE

72-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Taylor

(a) Residence: No. 675 Paca St. (W) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Maggie Taylor.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna Pearson

(Address) 24 Penn St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL OCT 27 1937

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address) Huntington Williams, N.P.

OCT 27 1937

3:50 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1937

22. I HEREBY CERTIFY, That I attended deceased, from Aug 19, 1937, to Oct 24, 1937

I last saw h[illegible] alive on Oct 24, 1937. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lymphatic Leukemia	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Myers. M. D.

(Address) University Hospital.

3653

HEALTH DEPARTMENT—CITY OF BALTIMORE

VF 10372

10372

CERTIFICATE OF DEATH

53-C

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Kate Zinn

(a) Residence: No. 2110 Bolton Park St., ... Ward. East Bronx N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/3/08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Abraham Zinn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Zelkman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New York, N.Y. Date 10-27- 1937

19. UNDERTAKER JACK LEWIS, INC.
(Address) 1739 S. BALTO. ST.

20. FILED OCT 27 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937 to Oct 27, 1937

I last saw h.e alive on Oct 27, 1937 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-26-37

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

F.D.R. 5410

10373

F 10373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 2201 Kern + Eaton Ave St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William E. Callahan

(a) Residence: No. 217 Liberty St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvergia Callahan

6. DATE OF BIRTH (month, day, year) Jeff 6 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William E. Callahan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Charlton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John G. Moran

(Address) 300 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/28/1937

19. UNDERTAKER John G. Moran

(Address) 300 E Baltimore

7 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3-1937 to 10-26-1937

I last saw him alive on 10-26-1937 Death is said to have occurred on the date stated above, at 6 50 a.m.

The principal cause of death and related causes of importance were as follows:

Ca of esophagus — Date of onset July 1937

Other contributory causes of importance:

Second. ca of Stomach
Cachexia

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Leonhardt M. D.

(Address) St Agnes Hosp

(Woodbury) ✓ E-10374

10374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 5 38 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gwendolyn Woodbury

(a) Residence: No. Alberton, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cost Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alberton Mills

10. Date deceased last worked at this occupation (month and year) 3/37

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Hillsville New Jersey

13. NAME Wm. Samuel Woodbury

14. BIRTHPLACE (city or town) (State or country) Lawrence Massachusetts

15. MAIDEN NAME Ethel Brainerd

16. BIRTHPLACE (city or town) (State or country) Lawrence Massachusetts

17. INFORMANT Mrs Ethel Woodbury
(Address) Alberton Md.

18. BURIAL, CREMATION, OR REMOVAL Lawrence Mass Date 10/28 37

19. UNDERTAKER Folsom Bros
(Address) Decatur Colo, Ind.

Huntington Williams N.Y.

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1937 to 10-27, 1937

I last saw her alive on 10-27, 1937 Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Cardiovascular Disease, Previous to Dec. 1936 — Date of onset

Other contributory causes of importance:

None

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Irving Freeman, M. D.

(Address) University Hosp

40375 E 40375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Julian Chisolm Trenholm No Record

(a) Residence: No. 132 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

6. DATE OF BIRTH (month, day, year) Jan 9 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Co

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Louis T Trenholm

14. BIRTHPLACE (city or town) (State or country) Charleston S C

15. MAIDEN NAME OF MOTHER Julia Chisolm

16. BIRTHPLACE (city or town) (State or country) Charleston S C

17. INFORMANT Louis C Trenholm (Address) 100 W University Pky

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date 10 28 1937

19. UNDERTAKER Wilson Co (Address) 1417 St Paul St

20. FILED OCT 29 1937 by Huntington Williams Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/27 1937 to 10/26 1937

I last saw him alive on 10/26 1937 Death is said to have occurred on the date stated above, at 8:00 PM m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 10/20/37

Other contributory causes of importance: Old undiagnosed emphysema

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roland E Bibler M. D.

(Address) University Hospital

10376 E 10376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2942 Greenmount Ave Ward 12-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Virginia O'Brien

(a) Residence: No. 2942 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or WIFE of) Peter J O'Brien

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Z. Hannigan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Z. Stewart

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John R. DeVos

(Address) 2942 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 29 19 37

19. UNDERTAKER Wm Cook

(Address) 717 E Lnt St Huntington Williams, N.Y.

20. FILED OCT 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1937 to October 26 1937

I last saw him alive on Oct. 26, 1937. Death is said to have occurred on the date stated above, 10-20 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endo- + Myocarditis — Data of onset about Sept
Arteriosclerosis — "
Uremia — Sept. 1937
Heart failure

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. Charles Ave

F 40377

F 40377 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Union Memorial Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 12 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Marie Quintal Oku

(a) Residence: No. 110 N University St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Quintal

6. DATE OF BIRTH (month, day, year) March 25, 1869 hlt

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) 10/24/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

MOTHER FATHER

13. NAME Alexandre Proulx

14. BIRTHPLACE (city or town) (State or country) Canada.

15. MAIDEN NAME Marguerite Proulx

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mary E. Van Hart
(Address) 110 W. University

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date 10/29 1937

19. UNDERTAKER William Gorsuch
(Address) 1214 E. Fayette

Arlington Williams, R.D.
Registrar

20. FILED OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence and that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular Thrombosis	10/26

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Evans, M. D. Coroner

(Address) 612 N 40

E 10378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10378

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 E Lamont St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate E Rogers

If U. S. Vet. specify WAR No Record

(a) Residence: No. 2520 E Lamont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Charles C. Rogers

6. DATE OF BIRTH (month, day, year) Nov 22. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	5	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. Name Joseph E. Wooten

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Bramble

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Donna Rogers

(Address) 2520 E Lamont St

18. BURIAL, CREMATION, OR REMOVAL Fairview Cem Date Oct 29 37

19. UNDERTAKER Wm Cade Cook

(Address) 1417 St Paul Street

20. FILED Oct 29 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 19 37

22. I HEREBY CERTIFY, That I attended deceased from September 8 19 37 to October 27 19 37

I last saw her alive on October 27 19 37 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo-nephritis with terminal uraemia — Date of onset 1936

Other contributory causes of importance:

Hypertensive cardio-vascular disease — 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood chemistry & urinalysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave

F 40379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40379

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 E. Centre St., 11-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George M. Erdman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 17 E Centre St. St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 10, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23 years	-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George M. Erdman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Geo. M. Erdman
(Address) 4518 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct 29 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar

OCT 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937 to Oct 27, 1937

I last saw h... alive on Oct 27, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Bone, generalized, metastasis	
Other contributory causes of importance:	
Cancer - pulmonary	Oct.

Was an operation performed? No Date of Oct 22, 1937

For what disease or injury? Sarcoma of Bone

Name of operation Left Arm Amputation

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) ... M. D.

(Address) ...

0380 E 10380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. Ward) 19-3

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Harry L. Magaha Sr.

(a) Residence: No. 1307 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Margaret J. Magaha

6. DATE OF BIRTH (month, day, year) Sept. 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) August, 1937. 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME George Magaha

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Erwin

16. BIRTHPLACE (City or town) (State or country) Balto Md

17. INFORMANT Margaret J. Magaha
(Address) 1307 W Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Oct. 28, 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1207 W Lombard St

20. FILED Oct 25 1937 Emerson Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 4 1937 to October 22 1937

I last saw him alive on October 21 1937 Death is said to have occurred on the date stated above, at 3.45 A.m.

The principal cause of death and related causes of importance were as follows:

Diverticulum - Bladder. Date of onset ?

Bilateral Bronchopneumonia. Hosp. 10/18/37.

Other contributory causes of importance:

Was an operation performed? Yes. Date of 10/11/37

For what disease or injury? Diverticulum Urinary Bladder.

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton Lenn M. D.

(Address) West Balto. Gen. Hosp. Balto.

F 40381

HEALTH DEPARTMENT—CITY OF BALTIMORE

40381

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-3 Ward)

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip Friedman

(a) Residence: No. 2106 Baker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Friedman

6. DATE OF BIRTH (month, day, year): 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Hyman Freidman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fruma Friedman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rebecca Friedman

(Address): 2106 Baker St.

18. BURIAL, CREMATION, OR REMOVAL: Herzog Hevra Kra Date Oct 28 37

19. UNDERTAKER: Jack Lewis Inc

(Address): 1439 E Baltimore St

20. FILED 19

Registrar

A 51537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by me Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

Coroner

(Address) 3737 [illegible]

F 10382

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10382

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5104 Sippel Ave. St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MICHAEL STOLL

If U. S. Veteran specify WAR .....

(a) Residence No. 5104 Sippel Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) October 28, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. Margaret Puhl

(Address) 5104 Sippel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Oct. 28, 1937

19. UNDERTAKER John H. Ulrich

(Address) 2008 Orleans St

20. FILED OCT 29 1937, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from ... 3, ... 19 37 to Oct 25 19 37

I last saw h... alive on Oct 25 19 37. Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	15 yrs.
Other contributory causes of importance:	
Prostatic Hypertrophy	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) 5707 Belair Rd.

10383

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10383

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. do.

If U. S. Veteran specify WAR

2. FULL NAME William Newsome (21760)

(a) Residence: No. 1114 N. Carrollton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER FATHER

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Elsie Mitchell

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Aberdeen, N.C. Date Oct 28 37

19. UNDERTAKER Thos. Geo. H. Holland

(Address) 1037 Eutaw St.

20. FILED OCT 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to Oct. 27, 1937

I last saw him alive on Oct. 27, 1937 Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Lungs. Date of onset Sept 1937.

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. Cassels M. D.

(Address) Balto. City Hospitals

F 10384

F 10384 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 W Franklin St., 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR ...

2. FULL NAME Mary B Graff

(a) Residence: No. 815 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mitchell

6. DATE OF BIRTH (month, day, year) Jan 8, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edwardsburg Miss

MOTHER FATHER

13. NAME Armstead Lewis

14. BIRTHPLACE (city or town) (State or country) Oklahoma

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Wm A Bell 815 W Franklin

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date Oct 28: 37

19. UNDERTAKER (Address) Jno. George V. Holland. 1631 Druid Hill Ave

20. FILED OCT 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1937 to Oct 25 1937

I last saw her alive on Oct 25 1937 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia (Primary) — Date of onset Oct 8 1937

Other contributory causes of importance) unknown

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) George W. Donald, M. D.

(Address) 844 N Carey St.

10385 HEALTH DEPARTMENT—CITY OF BALTIMORE D 10385

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH South Baltimore General Hosp Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward 23

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. Joseph Thomas Nelson

(a) Residence: No. 6 West Fulton Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place (Date)

19. UNDERTAKER Harry H. Lustfee
(Address)

20. FILED Henrietta Williams, Registrar

T 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1937, to 10-26-1937

I last saw him alive on 10-26-1937 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Primary Adenoma of the Lung - left side
Pulmonary Embolism - cessation of heart

Date of onset
Chronic ?
Primary ?
10-26

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp

F 40386

HEALTH DEPARTMENT—CITY OF BALTIMORE

10386

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W. Cross St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Evelyn Gross

(a) Residence: No. 537 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md

FATHER

13. NAME Harry Gross

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Hilda Wesley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hilda Gross
(Address) 537 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/28/37 19

19. UNDERTAKER Isaiah L. Brown & Son
(Address) 1054 W. Montgomery St

20. FILED ... 19 ... Registrar

OCT 29 1937 Hunting for Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Nelson Coroner M. D.

(Address) 2757 W. North

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40387 CERTIFICATE OF DEATH √131 F 40387

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 862 N. Howard St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Hohman

If U. S. Veteran specify WAR

(a) Residence: No. 862 N. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Rebsdamyer

6. DATE OF BIRTH (month, day, year) Sept 27 1879 Sept 27 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cigar + confectionery store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Johan Edward Hohman
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary E. Osterday
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Louise P. Hohman
(Address) 862 N. Howard st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 29 1937

19. UNDERTAKER Henry J. Jenkins Sons Co
(Address) McCulloh & Madison Sts Huntington Wilkens, Jr

20. FILED OCT 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937 to Oct 27 1937

I last saw him alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/26/37

Other contributory causes of importance: Chr. arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 722 Washington Pl

10388

HEALTH DEPARTMENT—CITY OF BALTIMORE

10388

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5101 Roland Ave. (Ward) 27-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5a yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm Henry Weedon

(a) Residence: No. 5101 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Frances Weedon

6. DATE OF BIRTH (month, day, year) Mar. 16 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Mildred Stone

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT (Address) Mrs Ellen Owens 5101 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Valverde Date Oct 29 37

19. UNDERTAKER (Address) Wm J McGuire & Sons Huntington Williams, N.Y.

20. FILED Oct 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937 to Oct 27th, 1937

I saw him alive on Oct 25th, 1937. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	Jan 1 37
Cirhosis Chronic.	Years
Other contributory causes of importance: Arterio Sclerosis (Cerebral)	Years

Was an operation performed? u Date of .....

For what disease or injury? .....

Name of operation u

What test confirmed diagnosis? Autopsy Was there an autopsy? u

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? u If so, specify .....

(Signed) J. L. Cleland, M. D.

(Address) 1304 E. Cleveland St

M. D. B. 1268-9

40389

F 40389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hos. St. 12-3 Ward)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Dolliver

If U. S. Veteran specify WAR

(a) Residence: No. 340 E. 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary H. Dolliver

6. DATE OF BIRTH (month, day, year) July 26, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto City Water Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inspector

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm H. Dolliver

14. BIRTHPLACE (city or town) (State or country) Searsport Bangor Maine

MOTHER

15. MAIDEN NAME Margaret Amy Kemp

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Mary K. Dolliver

(Address) 340 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL Loudon Pk Date Oct 28 1937

19. UNDERTAKER Wm Wickersham Sons

(Address) North Paca

20. FILED Oct 28 1937 19 H. Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schentag M. D. Coroner

(Address) 1917 E. North Ave

F 10390

10390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 19-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Gilmore St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Scarborough

(a) Residence: No. 428 N. Gilmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Scarborough

6. DATE OF BIRTH (month, day, year) Apr. 20 63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Dixon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James Scarborough

(Address) 428 N. Gilmore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 28 1937

19. UNDERTAKER James A. Sayer

(Address) 142 N. Pine

FILED Oct 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

attended the said deceased from that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	3yrs
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Hanna M. D.

(Address) 1822 W. Fallsway Coroner

F 40391

40391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St.Josephs Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME WILLIAM SCHLARB

(a) Residence: No. 3105 Northway Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Anna Sauer Schlarb

6. DATE OF BIRTH (month, day, year) Dec. 3, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Store Proprietor Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 17yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Schlarb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Link

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Myrtle E. O'Brien (Daughter)

(Address) 3105 Northway Drive

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cem. Date Oct. 28. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC

(Address) Baltimore & Broadway.

20. FILED Oct 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Third Degree Burns

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10, 26, 1937

Where did injury occur? 6626 Harford Rd. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothes caught on fire near gas range

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schaefer, M. D. Coroner

(Address) 1912 E. North ave

10392 333305

HEALTH DEPARTMENT—CITY OF BALTIMORE

10392

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Baranowski

(a) Residence: No. 803 S. Potomac St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/29/05

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	31	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Eva Katanaska

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date Oct. 29 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

OCT 29 1937 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1937, to Oct. 27, 1937

I last saw her alive on Oct. 27, 1937. Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Mitral stenosis and incompetency	
Cardiac dilatation and hypertrophy	
Congestive failure	1935
Other contributory causes of importance:	
Auricular fibrillation	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John G. Trautwein, jr. M. D.

(Address) Johns Hopkins Hospital

10393

HEALTH DEPARTMENT—CITY OF BALTIMORE

10393

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? 52 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Rydzynski

(a) Residence: No. 627 S. Stiles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rydzynski

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Retired~~ Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bartholomew Rydzynski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Rydzynski
(Address) 627 S. Stiles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Oct. 28 37

19. UNDERTAKER Gutman & Filbrunski Inc.
(Address) 1210 Lombard St.

20. FILED Huntington Williams M.D.
OCT 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937, to Oct 26, 1937

I last saw him alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	
Post Operative Pneumonia	
Post Operative Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 21 1937

For what disease or injury? Hypertrophied prostatic benign

Name of operation Prostatectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) E. T. Evans M.D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#27677

F 10394

CERTIFICATE OF DEATH

157-e

F 10394

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City Hospitals St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Aquino

(a) Residence: No. 607 S. Durham St. St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/21/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 days		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belto., Md.

FATHER

13. NAME Joseph Aquino

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Dublin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place STANISLAUS Date Oct 28 37

19. UNDERTAKER George A Weber

(Address) 706 Lanvale Ave

Registrar

OCT 28 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1937, to 10-27, 1937.

I last saw h/M alive on 10/27, 1937. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

Heart failure — Date of onset

Other contributory causes of importance:

Congenital anomaly of heart

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. A. De Lanzelle M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40395

CERTIFICATE OF DEATH

F 40395

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W. Saratoga St. 18-2 Ward)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Gales

(a) Residence: No. 1005 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hamilton Gales

6. DATE OF BIRTH (month, day, year) June 17, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min
53	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ellore, S. C.

FATHER

13. NAME Stephen Brantley

14. BIRTHPLACE (city or town) (State or country) Culpeper Va.

MOTHER

15. MAIDEN NAME Sarah (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Missouri Mills
(Address) 1005 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 29, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Howard Williamsburg, Va.

OCT 29 1937 Huntington Williamsburg, Va.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937 to Oct 24, 1937

I last saw h[illegible] alive on Oct 23, 1937 Death is said to have occurred on the date stated above, at 5 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Yrs. 1931

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Thos. J. Garnett M. D.

(Address) 1005 W. Saratoga St.

F 40396

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 40396

CERTIFICATE OF DEATH

Registered No. 82-w

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 820 Carrollton Ave St. 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Rev William M Ivey
(a) Residence: No. 828 N. Parrish St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Matilda Ivey

6. DATE OF BIRTH (month, day, year): 1865

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Local Preacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M E
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Jefferson Ivey
14. BIRTHPLACE (city or town) (State or country): Thompson Ga.

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): Emily Thompson Ga.

17. INFORMANT: Mrs Matilda Ivey
(Address) 828 Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 28, 37

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 S Schroeder St.
OCT 28 1937 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 24, 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
his inquiry
(Inquest, Autopsy or Inquiry) and that said deceased came
his inquiry
(Inquest, Autopsy or Inquiry)
death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 24 1937

Other contributory causes of importance: —

Was an operation performed? — Date of
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
Coroner
(Address) 550 Fayette St.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

34-a

F 40397

CERTIFICATE OF DEATH

F 40397

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19- Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theola Fickling

(a) Residence: No. 240 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: negro

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): ? 5/19/37

7. AGE: Years 0 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. md.

FATHER

13. NAME: Enoch Fickling

14. BIRTHPLACE (city or town) (State or country): S. Carolina

MOTHER

15. MAIDEN NAME: Rosina Planter

16. BIRTHPLACE (city or town) (State or country): S. Carolina

17. INFORMANT (Address): Enoch Fickling 240 N. Mount.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Oct 28, 37

19. UNDERTAKER (Address): Mrs Katie R Williams 322 N Schroeder St Huntington Williams, Mgr

OCT 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 27. 1937.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25. 1937 to Oct. 27. 1937

I last saw her alive on Oct. 26 1937 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, left.
Congenital Syphilis.

Date of onset

Other contributory causes of importance:
Malnutrition

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical, WASS, Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Walter Henry Gyring, M.D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10398 CERTIFICATE OF DEATH 26220 F 10398

347-95-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Smith

(a) Residence: No. 106 S. Pace St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0816

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. S. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 10-29, 1937

19. UNDERTAKER J. J. Zahner & Sons
(Address) 1318 Light St

10-28 1937 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937, to October 25, 1937

I last saw him alive on October 25, 1937. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

40393 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 40393

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Balto. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 17 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mariano Mary Di Paulo Di Paulo

(a) Residence: No. 275 Ann St St. Balto Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6. DATE OF BIRTH (month, day, year) Feb 1 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Paulo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lola

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Paul Di Paulo

(Address) 275 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Oct 27 1937

19. UNDERTAKER Martin W. E. Dysart

(Address) 37 S. Eutaw St. Huntington Williams, Jr.

Registrar.

OCT 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/14/37, 19..... to 10/25/37, 19.....

I last saw h.er alive on 10/25/37, 19..... Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	10 days
Lung abscess	11
	Oct 14

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Kaplan, M. D.

(Address) Sinai Hosp.

40400 HEALTH DEPARTMENT—CITY OF BALTIMORE #22100

CERTIFICATE OF DEATH

Registered No. F 40400

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-2 Ward) 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Matches. MACIS.

(a) Residence: No. 2804 Washington Park St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 8/22/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Lith.

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Lith.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 10/29/37

19. UNDERTAKER (Address) Thos. J. Kenny 16 or Hollins St.

20. FILED 19 Huntington Williams, M.D.

OCT 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to October 25, 1937

I last saw him alive on October 25, 1937. Death is said to have occurred on the date stated above, at 11 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Diabetes mellitus	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lattre M. D.

(Address) Baltimore City Hospitals

F 40401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 79-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 25-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Wheeler

(a) Residence: No. 2315 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/16/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None prod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Zola Brewer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 10/22 1937

19. UNDERTAKER Edw Fowlers
(Address) 2357 Waverly Ave

20. FILED OCT 23 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct-26, 1937 to Oct-27, 1937

I last saw him alive on Oct-27 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis cause undetermined assyst	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Woodson M. Selsey M. D.

(Address) Johns Hopkins Hospital

✓ F 40402

40402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 11-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lawson

(a) Residence: No. 1023 N. Caroline St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5th 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0/0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Raymond Lawson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hattie Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Admitting Office
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date Oct 29 1937

19. UNDERTAKER Bethlehem Funeral Home
(Address) 1 E. Lexington Street

FILED Oct 29 1937 Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937 to Oct 26 1937

I last saw h/m alive on Oct 26 1937 Death is said to have occurred on the date stated above, at 5 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nutritional Anemia	Oct 10
Bronchopneumonia	Oct 23

Other contributory causes of importance:
Dehydration, malnutrition
Marasmus

Was an operation performed? Date of

For what disease or injury? No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Freeman M. D.

(Address) Univ. Hosp.

40403

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40403

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. MARINE HOSPITAL, Balto. Md. 12-6 Registered No. ....

CITY OF BALTIMORE: (No. .... St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 4 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME William H. Bertrand If U. S. Veteran specify WAR World War

(a) Residence: No. .... St., ... Ward. 1629 W. 2nd St., Brooklyn NewYork
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Dec. 14, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
50	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Lewes, Delaware

FATHER

13. NAME Louis Bertrand

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME HESTER Esther Tyndall

16. BIRTHPLACE (city or town) (State or country) Lewes, Del.

17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewes, Delaware Date 10/28/37

19. UNDERTAKER Robert Beach & Son
(Address) Cedar & Holly Sts.

20. FILED OCT 28 1937 .... Registrar Huntington Fitzhugh, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1937, to October 27, 1937

I last saw him alive on October 27, 1937 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, mesenteric, jejunal,	
cause unknown	10-20-37

Other contributory causes of importance:

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) H. H. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HHM/g

Spec.—1-10-21—M&T—1500 Blks.

40404 F 40404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) UNIVERSITY HOSPITAL ST. 17-3 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME OLIVIA BLACKBURN

(a) RESIDENCE NO. 405 E. LORRAINE AVE. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) ~~Wife of~~ JAMES M BLACKBURN

6 DATE OF BIRTH (month, day, and year) APRIL 11 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HOUSE WORK

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) LOVETTSVILLE, VA.

PARENTS

10 NAME OF FATHER SAMUEL CLAPHAM

11 BIRTHPLACE OF FATHER (city or town) (State or country) VA.

12 MAIDEN NAME OF MOTHER SARAH R MARLOW

13 BIRTHPLACE OF MOTHER (city or town) (State or country) VA.

14 Informant SCHUYLER C BLACKBURN (Address) 1804 E. 31st ST.

15 Filed OCT 28 1937 . 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27/1937

17 I HEREBY CERTIFY, That I attended deceased from 10-20 . 1937 . to 10-27 . 1937.

that I last saw HER alive on 10-27 . 1937.

and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH was as follows:

VOLVULUS WITH INTESTINAL OBSTRUCTION AND GANGRENE OF SMALL INTESTINE

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) UREMIA

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? AT HOME

Did an operation precede death? YES Date of 10-20-37

Was there an autopsy? NO

What test confirmed diagnosis? OPERATION

(Signed) Edward J. Dyer, M. D.

. 19 (Address) UNIVERSITY HOSPITAL

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LORRAINE CEMETERY — DATE OF BURIAL: OCT 30 1937

20 UNDERTAKER: John F. Dendy — ADDRESS: 715 LIGHT.

TION is very important See instructions on back of certificates.

✓ F 40405

40405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 702 Warner St., 2-2-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ... da. How long in U. S. If of foreign birth? yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Richard Smith

(a) Residence: No. 702 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lovina Smith

6. DATE OF BIRTH (month, day, year): Aug 4 1892

7. AGE: Years 45; Months 2; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Richard Smith
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: —
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lovina Smith
(Address) 702 Warner St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Auburn Date: Oct 28 1937

19. UNDERTAKER: Joseph Asquith
(Address) 1629 Mount St

28 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/25/37

22. I, HEREBY CERTIFY, That I attended deceased from Sept 24 1937 to Oct 25 1937

I last saw him alive on Oct 25 1937. Death is said to have occurred on the date stated above, at 5 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phylangitis	
Other contributory causes of importance: acute nephritis	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I saw [illegible] M. D.
(Signed) H. L. Stamphur
(Address) 501 Bl Ave

F 10406

HEALTH DEPARTMENT—CITY OF BALTIMORE

10406

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 624 N. Decker St., 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. 32 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Justina Bastar

(a) Residence: No. 624 N. Decker Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dominick Bastar

6. DATE OF BIRTH (month, day, year) April 9, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kazda

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Victoria

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Marie Urban
(Address) 624 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 30 1937

19. UNDERTAKER Frank Brochetta Son
(Address) 1906 Eastlander Ave

20. FILED Oct 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 22 1937 to October 27 1937

I last saw her alive on October 22 1937 Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Duration 5 days — Date of onset 10/22/37

Other contributory causes of importance:

Senile sclerosis of aorta

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. P. Schwartz M. D.

(Address) 2939 Eastern Ave

40107 E 40107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Gardner (born in hospital)

3(a) Residence: No. 811 E 33d Spring Pond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2, 37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Gardner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie Shafer

16. BIRTHPLACE (city or town) Unknown (State or country) Maryland

17. INFORMANT Mrs. Minnie Gardner
(Address) 811 E 33d Spring Pond

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Cem. PK Date 10/3 1937

19. UNDERTAKER John F. Connelly
(Address) East Ave.

Registrar.

Oct 2 1937 Huntington Hospital, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from (Oct 2), 1937, to (Oct 2), 1937

I last saw him alive on (Oct 2), 1937. Death is said to have occurred on the date stated above, at 4:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage (Immature Labor)	

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Sullivan M. D.

(Address) Huntington Hospital

10408 E 10408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Registered No. #27516

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Gertrude Bradley

(a) Residence: No. 2202 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widow

5a. If married, widowed, or divorced
RUSBAND of Walter
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/8/1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Oct. 1937 | 11. Total time (years) spent in this occupation 46 yrs.

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Caroline Brown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jarratt Va Date 10/29 1937

19. UNDERTAKER Charles S. Cooper
(Address) 1717 E Calhoun St

... 19 ... Registrar.

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937 to October 25, 1937

I last saw her alive on October 25, 1937 Death is said to have occurred on the date stated above, at 8:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Undetermined Site	Unknown
Other contributory causes of importance:	
Metastasis	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. De Santelle M. D.

(Address) Balto. City Hospitals

10409 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10409

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N Fremont Ave St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Debora Johns

If U. S. Veteran specify WAR .....

(a) Residence: No. 717 N. Fremont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) May 15 1854

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Centerville Md.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Centerville Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Centerville Md

17. INFORMANT Ellsworth Johns Jr.

(Address) 717 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Oct 29 1937

19. UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St.

29 1937 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1937 to 10-26, 1937

I last saw h... alive on 10-26, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Senility & Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Slaughter M. D.

(Address) 625 N. Fremont Ave

10110 F 10410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., B E Ward) 16-2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Neal

If U. S. Veteran specify WAR .....

(a) Residence: No. 1040 N. Stricker St. St., B² Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — 1

6. DATE OF BIRTH (month, day, year) September 17, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year) — none

11. Total time (years) spent in this occupation — none

12. BIRTHPLACE (city or town) (State or country) — Baltimore Maryland

FATHER

13. NAME — Russel Thomas Neal

14. BIRTHPLACE (city or town) (State or country) — Annapolis Maryland

MOTHER

15. MAIDEN NAME — Concordia Rachael Moulden

16. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date OCT 28 1937 19
Commissioner of Health

19. UNDERTAKER — Per F. A. Moore
(Address)

20. FILED ... 19 ... Registrar.

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1937, to October 19, 1937

I last saw him alive on October 19, 1937. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial injury	
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

10411 E 10411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B
Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 761 Grantly St. 16-8 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Wagner

(a) Residence: No. 761 Grantly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Wagner

6. DATE OF BIRTH (month, day, year) June 24, 1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas Wagner
(Address) 1916 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct. 29 37

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard, St

29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1937, to October 27, 1937

I last saw h[illegible] alive on October 27 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease	?
Other contributory causes of importance: Hypostatic (terminal) pneumonia	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, [illegible]

(Signed) Hyden E Stacy M. D.
(Address) 5803 Edmondson Ave

14

M. D. B. 1268-9

F 40412

40412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CHARLES J. RYAN

(a) Residence: No. 1111 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) May 14, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Register of Wills

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

FATHER

13. NAME Lawrence Ryan

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Bridget Kane

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Miss Margaret Ryan
(Address) 1111 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem Oct 30 37
Chas. J. Evans & Son
118 W. Mt Royal Ave

19. UNDERTAKER
(Address)

, 19

Registrar

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquest, Attorney or Inquiry and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral apoplexy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 1112 E. North ave

M. D. B. 1268-9

✓ F 40413

40113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hos. 900 Eutaw St. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 10 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Ringrose Sr. U.S. World War Veteran

(a) Residence: No. 414 S. Pulaski St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Mildred M. Ringrose

6. DATE OF BIRTH (month, day, year) Dec. 17-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chem. Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Ringrose

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosa London

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mildred M. Ringrose

(Address) 414 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date October 30 1937

19. UNDERTAKER George L. Stewart

(Address) 2101 Frederick Ave.

OCT 28 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-26 1937 to 10-26 1937

I last saw him alive on 10-26 1937 Death is said to have occurred on the date stated above, at 8 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	

Other contributory causes of importance:

Uremia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Leonhardt M. D.

(Address) St. Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-197

Registered No. 19114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ..... If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE, Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Harry H. Kutzke

(Address)

20. FILED ..... 19.. ..... Registrar

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1937 to Oct 27 1937

I last saw h[illegible] alive on Oct 27. 1937 Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	[illegible]
hypertension	[illegible]

Other contributory causes of importance:

acute cardiac failure	1 day

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Kyrle, M. D.

(Address) 321 [illegible] ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40115

CERTIFICATE OF DEATH

21-295-a

Registered No. 40115

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Sargent St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George Mendel

(a) Residence: No. 1306 Sargent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Maud Mendel

6. DATE OF BIRTH (month, day, year) June 2nd 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1940

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nicholas Meadel

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Maud Mendel

(Address) 1306 Sargent St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 10/29/37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 29 1937 19 Registrar Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8th Mo., 1937, to 26th Oct., 1937

I last saw h~~e~~ alive on 26th Oct. 1937. Death is said to have occurred on the date stated above, at 7:18 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Oct 1936
Other contributory causes of importance: Bronchitis	5 months ago

Was an operation performed? N.P. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry E. Tate, M. D.

(Address) 523 N Catt St.

E 10416

10416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-693-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 Poplar Grove (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edmund G. Oler

(a) Residence: No. 1719 Poplar Grove St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Oler

6. DATE OF BIRTH (month, day, year) March 28. 1852

7. AGE: Years 85 | Months 7 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deaconess Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME George Oler

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Martha Barnett

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Mrs Addie Oler

(Address) 1719 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Pater Cem Date Oct 30. 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. DATE OF BURIAL Oct 30 1937 Interment or removal Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28. 37

22. I HEREBY CERTIFY, That I attended deceased (from) Sept 26. 37 (to) Oct 28. 37

I last saw him alive on Oct 27. 37 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 2 days

Other contributory causes of importance: Pulmonary Oedema Jaundice

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kahn M. D.

(Address) 1027 Wash Blvd Balto Md

F 40417 ✓ F 40417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-2 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Forrest St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Madden If U. S. Veteran specify WAR No Record

(a) Residence: No. 519 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Elizabeth Madden

6. DATE OF BIRTH (month, day, year) Jan 11th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Madden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Welch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth Madden

(Address) 1642 E. Oakdale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Oct 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave

V S 6

10418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10418

CERTIFICATE OF DEATH

16-8160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Edwards

If U.S. Veteran specify WAR

(a) Residence: No. Women's Hospital St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-27-37

7. AGE	Years	Months	Days	If LESS than 1 day, / hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. food

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Willard Irvin Edwards

14. BIRTHPLACE (city or town) (State or country) Prospect N.J.

MOTHER

15. MAIDEN NAME Eileen Dumling

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Eileen Dumling Edwards

(Address) 40 Hilton St Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 29 1937

19. UNDERTAKER Mr & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

20. FILED Thurlow Williams, M.D.

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 pm 10-27, 1937, to 3 pm 10-27, 1937

I last saw her alive on 10-27, 1937. Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage - left cerebral hemisphere - due to injury at birth	10-27-37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James C. Durham M. D.

(Address) 953 Edgevale Road.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS on BACK of CERTIFICATE.

F 40113 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40113

CERTIFICATE OF DEATH

21-1 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 W. Cross St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Rennard

If U. S. Veteran specify WAR .....

(a) Residence: No. 535 W. Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housestr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eleven Creighton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Travers.

(Address) 535 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary C Date 10/29/37

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED ..... 19..... ..... Registrar.

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937, 19..., to October 26, 1937

I last saw h.. alive on October 26, 1937 Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Toxaemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill 4th also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. G. Stumpf M. D.

(Address) 56 W. Hamburg St

40120 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH F 40120

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman R Cohen

If U. S. Veteran specify WAR

(a) Residence No. 1420 Eutaw Pl. New York - N.Y.

(Usual place of abode) Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Cohen

6. DATE OF BIRTH (month, day, year) Sept. 29 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4166

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wm. H. Cohen

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Theresa Cohen

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mr. Lee Cohen

(Address) 1420 Eutaw Place

18. ~~BURIAL, CREMATION, OR REMOVAL~~

Place Fort Lincoln Cy. Date Oct. 29 1937

19. UNDERTAKER Levi Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED OCT 29 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to Oct 28, 1937

I last saw him alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1927
Carcinomatosis metastasis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/4/37

For what disease or injury? Carcinoma of bladder

Name of operation Partial resection of bladder.

What test confirmed diagnosis? Path. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Shapiro, M. D.

(Address) Sinai Hospital

10421 HEALTH DEPARTMENT—CITY OF BALTIMORE 10421

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 13-793c.

CITY OF BALTIMORE: (No. 4630 Ashinley Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 6 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Appleby — If U. S. Veteran specify WAR

(a) Residence: No. 3833 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary E. Appleby

6. DATE OF BIRTH (month, day, year): Aug. 21-1866

7. AGE: Years 71 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 8 yrs.
10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: of 31

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Edward H. Appleby
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Jennie M. Lamb
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Mary E. Appleby 3833 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Oct. 30 37

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED ... 19 ... by ... Williams ...

OCT 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct ... 19 37 to Oct 27 19 37

I last saw him alive on Oct 27 19 37. Death is said to have occurred on the date stated above, at 5 06 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Oct 1925
Other contributory causes of importance: Chronic Myocarditis	10 yrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jno. Dunbar M. D.

(Address) 846 Cathedral St

10422 ✓ F 10422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 10-1131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Valley St. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary V. Eaton

(a) Residence: No. 1020 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael H. Eaton

6. DATE OF BIRTH (month, day, year) Jun 5, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 yrs	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Hunt

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Eaton (Daughter)
(Address) 1020 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Druid Cathedral Cemy Date Oct. 30, 1937

19. UNDERTAKER Edmund W. Conkling Son
(Address) 624 E. Eager St.

20. FILED OCT 27 1937 By L. Fitzhenry, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937, to Oct 27, 1937

I last saw her alive on Oct 27, 1937 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
Ch. nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation Thyroid Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Hamstein M. D.

(Address) 733 Eutaw St

F 40123 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 a F 40123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp St., 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herman L. Davis

If U.S. Veteran specify WAR

(a) Residence: No. 2933 Westwood ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28, 1880 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2 1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Oct. 23 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Davis.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Robert B. Davis

(Address) 2712 Kildaire Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 29 37

19. UNDERTAKER John Archibald & Sons

(Address) 1900 Eutaw Place

21 Oct 1937 Huntingtown Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1937 to Oct 27 1937

I last saw him alive on Oct 27 1937 Death is said to have occurred on the date stated above, at 5:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 24

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levy M. D.

(Address) West Balt. Gen. Hosp.

DUPLICATE, IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

33 6410

HEALTH DEPARTMENT—CITY OF BALTIMORE

40121

CERTIFICATE OF DEATH

54-B

E 40121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 16-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Fonay

If U. S. Veteran specify WAR

(a) Residence: No. 1426 Thorpe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/7/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Moss Gusanay

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/29/37

19. UNDERTAKER Thomas E. Kelson

(Address) 303 Presstman St

OCT 29 1937

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1937 to Oct 26, 1937

I last saw her alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency, acute	Oct. 25th

Other contributory causes of importance:

Was an operation performed? Yes. Date of Oct. 25th

For what disease or injury? Extremely large myomata uteri

Name of operation Hysterectomy, subtotal

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. S. Stevenson M. D.

(Address) Johns Hopkins Hospital Balto., Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10425 CERTIFICATE OF DEATH 48 F 10425

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Edmondson Ave St., 9-7 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen C Poehlman

(a) Residence: No. 2100 Edmondson Ave St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Poehlman

6. DATE OF BIRTH (month, day, year) August 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leo R Ortmann

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Fannie Knight

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Leo Poehlman
(Address) 2100 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 30 1937

19. UNDERTAKER John Ulbrich
(Address) 1201 Edmondson Ave

Filed OCT 29 1937 At Eaton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1937 to Oct 27, 1937

I last saw her alive on Oct 27th, 1937 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	Feb 37
Other contributory causes of importance: Hypertension Heart disease	Aug 37

Was an operation performed? Yes Date of Feb 16 37

For what disease or injury? Carcinoma of uterus

Name of operation? Excision + appendectomy

What test confirmed diagnosis? Path Exam Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eaton Williams M. D.

(Address) 10 E Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40126 CERTIFICATE OF DEATH 131 F 40126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Madison Ave Ward 13-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Day

If U. S. Veteran specify WAR

(a) Residence: No. 2511 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Stephen Day

6. DATE OF BIRTH (month, day, year): Feb 28-1877

7. AGE: Years 60 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brandon Va

FATHER

13. NAME: Richard Taylor

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Fannie Taylor

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Marie Thomas
(Address) 2511 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Oct 30, 37

19. UNDERTAKER: Bernard P. Hensley
(Address) 818 Druid Hill Ave

Huntington Williams, M.D. Registrar

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937 to Oct 27 1937

I last saw h.. alive on Oct 27, 1937. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	[illegible]
Other contributory causes of importance: Uremia, Marked Hypertension Pericarditis and Mitral Stenosis	Oct 3, 1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. H. Young M. D.

(Address) 1429 E. Monument St.

10427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134 ✓ F 10427

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Bradley St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph C Kirg

If U. S. Veteran specify WAR

(a) Residence: No. 620 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Nora King

6. DATE OF BIRTH (month, day, year): Feb 15-1865

7. AGE: Years 72; Months 8; Days 12; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bath Md

FATHER

13. NAME: Samuel King

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Isbella Sands

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Nora King 620 Bradley St

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem Date Oct 30 1937

19. UNDERTAKER (Address): Hunt & Hensley 815 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

OCT 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Oct 27, 1937

I last saw h alive on Oct 26 1937 Death is said to have occurred on the date stated above, at 11-30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyo - Nephrosis	Jan 1937
Other contributory causes of importance: Kidney Stones, Uremia	Jan 1937
Prostate Hypertrophy	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 Pennsylvania Ave

10128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10128

CERTIFICATE OF DEATH

1150

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Thomas Lane

(a) Residence: No. 222 N. Fremont Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fred Lane

14. BIRTHPLACE (city or town) (State or country) ~~Fred Lane~~ Florence, S.C.

MOTHER

15. MAIDEN NAME Lucy Parker

16. BIRTHPLACE (city or town) (State or country) Suffolk Va.

17. INFORMANT Mother

(Address) 222 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Oct 29 1937

(Place) Date ... 19...

19. UNDERTAKER Bartlett Hayward Co.

(Address) 18 E. Lexington St.

20. FILED Huntington Williams N.P.

OCT 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25- 1937 to 10-28- 1937

I last saw him alive on 10-28- 1937 Death is said to have occurred on the date stated above, at 4 06 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus tonsillitis and pharyngitis	10-23
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. M. Waghelstein M. D.

(Address) Sydenham Hosp.

OCCUPATIONS is very important. See instructions on back of certificate.

(10129) Jennow (10129)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(10129) √97 Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2521 E Madison St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR

2. FULL NAME Minnie Louise Westlands

(a) Residence: No. 2521 E Madison St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick Westlands

6. DATE OF BIRTH (month, day, year): May 9 1858

7. AGE: Years 79 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: William Grand

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sophie ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Julia Obrien 2521 Madison

18. BURIAL, CREMATION, OR REMOVAL: Place St. Matthews Date Oct 30 '37

19. UNDERTAKER (Address): J. J. Kerr & Son 156 N. Eutaw Ave. Baltimore, Md.

OCT 29 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1937 to Oct 27, 1937. Last saw h[illegible] alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at [illegible] A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	7
Other contributory causes of importance: Arteriosclerosis Senility	6yr

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Alma B Lemmon M. D.

(Address) 718 N Patterson Pk Ave

10430

HEALTH DEPARTMENT—CITY OF BALTIMORE

10430

CERTIFICATE OF DEATH

✓82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5320 Fernpark 28-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Margaret F. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 5320 Fernpark ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Brooks H. Miller

6. DATE OF BIRTH (month, day, year): Jan 6/1873

7. AGE: Years 64 54 | Months 7 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wellsburg W Va

FATHER

13. NAME: John A Byrne

14. BIRTHPLACE (city or town) (State or country): McMechen W Va

MOTHER

15. MAIDEN NAME: Mary F. Malley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Brooks Miller 5320 Fernpark

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Oct. 30 37

19. UNDERTAKER (Address): Jos. J. Kerr & Son 1156 E. Eutaw ave.

20. FILED ....19.... Regis. ar.

OCT 23 1937 Dep. for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1937 to Oct. 26 1937

I last saw her alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1925
Cerebral Hemorrhage	8/31/37
Other contributory causes of importance:	
Terminal Bronchopneumonia	10/23/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of Injury.... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anthony V. Borchuess M. D.

(Address) 37 S. Stricker St

F 40431

F 40431 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-87B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adeline A. Whittington

(a) Residence: No. 387 N. Curley St. St., Ward. (If non-resid.. ..y or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 8, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Marion Whittington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Olga Yawel

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Olga Whittington

(Address) 387 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 10/30/ 19 37

19. UNDERTAKER J. J. Moran

(Address) 1300 E. Baltimore St.

DATE RECEIVED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lues

Other contributory causes of importance: Hemorrhagic Encephalatis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1719 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

1

HEALTH DEPARTMENT—CITY OF BALTIMORE

40432 E 40432

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp. 27 S. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Thomas Cardwell
If U. S. Veteran specify WAR

(a) Residence: No. 512 Carding. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Cardwell

6. DATE OF BIRTH (month, day, year) Feb - 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estate of G. H. White
10. Date deceased last worked at this occupation (month and year)
11. Total (no. years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Wm. Cardwell
14. BIRTHPLACE (city or town) (State or country) Ire.

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT Mrs Bunting Affd (Address) 512 Carding Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loans Presbyterian Date 10/29/37

19. UNDERTAKER J. J. Nolan (Address) 3606 Eastern Ave

20. FILED ..... 19 ..... By ..... Registrar.

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1937 to 10-22 1937

I last saw h[illegible] alive on 10-22 1937. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-21-37
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. General Hosp. Balto

OCCUPATION IS VERY important. See instructions on back of certificate.

20-0229

10433

HEALTH DEPARTMENT—CITY OF BALTIMORE

10433

CERTIFICATE OF DEATH

8-3724a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Luzerne Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John W. Shock

If U.S. Veteran specify WAR

(a) Residence: No. 1501 Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Shock

6. DATE OF BIRTH (month, day, year) April 19 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John B. Shock

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ella S. Whitcomb

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Dorsey Brandenburg

(Address) 1501 Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 29 37

19. UNDERTAKER Albert W Deegan

(Address) 470 E North Ave.

20. FILED OCT 29 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to Oct 27 1937

I last saw him alive on Oct 22 1937. Death is said to have occurred on the date stated above, at 5:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac & Respiratory Failure	Oct 26

Other contributory causes of importance:

Arteriosclerosis & Senility	May 3

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 10434

10131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1265 W William St., 24-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 3 dys. How long in U. S. If of foreign birth?... yrs. ... mos. ... dys.

2. FULL NAME Clara May Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1265 W William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Smith

6. DATE OF BIRTH (month, day, year) May 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J Edwards

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Magdalena Bateman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clarence E Smith

(Address) 1265 W William

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar 1, 1937

19. UNDERTAKER A Kuhl Evans

(Address) 1200 W Baltimore St

20. FILED ..... 19 ..... Registrar

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1931 to Oct 28 1937

I last saw her alive on Oct 28 1937 Death is said to have occurred on the date stated above, at 3.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Diabetes	6 mos
Chronic Nephritis	8 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O Mahler M. D.

(Address) 1239 William St

OCCUPATION is very important. See instructions on back of certificate.

10435 E 10435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26990--37-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Bromwell

(a) Residence: No. 630 Greenwillow St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-6-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Bromwell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henriette Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL OCT 29 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED OCT 29 1937 Registrar

3.269 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 27, 1937 to October 25, 1937

I last saw him alive on October 25 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

10436 E 10436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 720 N. Gilmor St. 16-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Johns

(a) Residence: No. 720 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-29-37

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Wilson Johns
14. BIRTHPLACE (city or town) (State or country) Newport News Va

MOTHER
15. MAIDEN NAME Bessie Briggs
16. BIRTHPLACE (city or town) (State or country) Newport News Va

17. INFORMANT Wilson Johns
(Address) 720 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Oct 29 1937

19. UNDERTAKER Joseph A Sarley
(Address) 1218 Mount Street

Oct 29 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29 1937

22. I HEREBY CERTIFY, That I attended deceased from October 29 1937 to October 29 1937
I last saw h alive on October 29 1937. Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) Otho L. Woodall M. D.
(Address) 801 Hamilton Ter

OCCUPATION is very important. See instructions on back of certificate.

F 40437

40437 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-8 St., 31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. ... St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER Harry A. Little
(Address)

20. FILED ... 19 ... Huntington Williams M.D.

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936 to Oct 28, 1937

I last saw him alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease Coronary Embolus	Jan 1936 Sudden

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott W Johnson M. D.

(Address) 34 E Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 40438

40438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Negro Hosp Bed Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Miss Johanna Laudin

(a) Residence: No. 2817 Clifton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Friedrich Wilhelm Laudien

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Auguste Zielke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ina Henry Stebbins (Sister)

(Address) Ambassador Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place Loudoun Park. Date Oct 30, 1937

19. UNDERTAKER Harry W. Smith

(Address) 4101 Edmondson Ave Registrar.

Huntington Williams, Inc.

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1937 to 10-27, 1937

I last saw her alive on 10-27, 1937 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Right)	9-27-37
Other contributory causes of importance: Lobar Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Reinhardt M. D.

(Address) Negro Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40439

40439 HEALTH DEPARTMENT—CITY OF BALTIMORE

54-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Schwartzman

(a) Residence: No. ..... St., ... Ward. 33 Marion Ave., Cliffside New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Winkler Schwartzman

6. DATE OF BIRTH (month, day, year) Jan. 27, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman do

10. Date deceased last worked at this occupation (month and year) 8-30-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

FATHER

13. NAME George Schwartzman

14. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

MOTHER

15. MAIDEN NAME Anna Swanson

16. BIRTHPLACE (city or town) (State or country) New York City, N.Y.

17. INFORMANT (Address) Records - U. S. Marine Hospital, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place West New York Date 10/29/37

19. UNDERTAKER Peter Miller Sons (Address) 435 Clinton St.

20. FILED OCT 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937, to October 28, 1937. I last saw him alive on October 28, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor, meninges, brain, non-malignant (meningioma)	Oct. 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-27-37

For what disease or injury? Tumor

Name of operation Exploratory incision of brain, right frontal.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. B. H. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

E 10440

10440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth 57 yrs. 3 mos. 16 ds.

2. FULL NAME Anna W. Brown

If U. S. Veteran specify WAR NONE

(a) Residence: No. Long Green, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ wife of A. Paul Brown

6. DATE OF BIRTH (month, day, year) 7/12/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgianna Rankin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) A. Paul Brown (Husband) 5220 Stony Lake Way

18. BURIAL, CREMATION, OR REMOVAL Place Chelmsford Ridge Baltimore Date Aug. 30/37

19. UNDERTAKER (Address) Stewart & Company 108 W. Monument St.

FILED 29 1937 Huntington Williams, Md.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/1937

22. I HEREBY CERTIFY, That I attended deceased from 10/21/1937 to 10/28/1937

I last saw her alive on 10/28/37, 19 . Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart disease	
Bronchopneumonia	10/28/37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

OCCUPATION IS very important. See instructions on back of certificate.

F 40441

40441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Homans Hospital St. 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth 81 yrs. 7 mos. 4 ds.

2. FULL NAME Eleanor Murdoch Tyler
If U. S. Veteran specify WAR NONE

(a) Residence: No. 521 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March 24 1856

7. AGE: Years 81; Months 7; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

FATHER
13. NAME: George Tyler
14. BIRTHPLACE (city or town) (State or country): Frederick Maryland

MOTHER
15. MAIDEN NAME: Margaret A Tate
16. BIRTHPLACE (city or town) (State or country): Frederick Maryland

17. INFORMANT: Miss Helen V Gordon
(Address) 523 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Frederick Md. Date: Oct 30 37

19. UNDERTAKER: Stewart Morgue Co.
(Address): 1080 Madison Ave.

(Filed) Huntington Millionaire, N.Y. (Registrar)

OCT 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-11 1937 to 10-28 1937
I last saw her alive on 10-28 1937 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Hypertension	
Cerebral Hemorrhage	10-24-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Fenton M. D.
(Address) 322 Eastern Road

F 40142

40142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Dilghman

If U.S. Veteran specify WAR

(a) Residence: No. Salisbury, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Austin Dilghman

6. DATE OF BIRTH (month, day, year) Oct 22-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Charles E. Guthrie

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Lizzie Taylor

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Mother Dilghman

(Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Md Date Oct 31 1937

19. UNDERTAKER George E. Lapsonte

(Address) 221 Broadway

29 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Oct 29, 1937

I last saw her alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at 9 5/8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Bronchial Asthma	?
Chronic Nephritis	?
Other contributory causes of importance:	
Emphysema	?
Hypertension	?

Was an operation performed? yes Date of Oct. 27, 37

For what disease or injury? Chronic Nephritis

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E. Rudisill M. D.

(Address) St. Joseph Hospital

F 10443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10443

CERTIFICATE OF DEATH

34-92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Hopkins

(a) Residence: No. 1285 St James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Elsie Hopkins

6. DATE OF BIRTH (month, day, year) Jan 24-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Charles Hopkins

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Peggie Wilson

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Marie Burke

(Address) 1225 St James St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Oct 30 1937

19. UNDERTAKER Baltimore Funeral Home Inc

(Address) 1800 St Paul St

20. (Date) OCT 29 1937 Signature Mrs Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

disclosed by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency Edema & Congestion of Lungs (over)	about Oct 15 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Allen M. D.
(Coroner)

(Address) 50 E Lexington St

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 10444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10444

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. 5-1

CITY OF BALTIMORE: (No. 1226 McElderry St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willie Fultz

If U. S. Veteran specify WAR

(a) Residence: No. 1226 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or) WIFE of Julia Fultz

6. DATE OF BIRTH (month, day, year) Aug 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Va

FATHER

13. NAME Wm Henry Fultz

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Cousins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Freddie Fultz

(Address) 1226 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date 10-30-1937

19. UNDERTAKER Byron & Francis W. Wright

(Address) 1218 McElderry St

20. Filed 19 Deputy Registrar.

Oct 29 1937 Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1937 to Oct 28 1937

I last saw him alive on Oct 28 1937 Death is said to have occurred on the date stated above, at 1:25 p m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis (Uraemia) (Coma)

Date of onset: Oct 25 1937 (con)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Collins M. D.

(Address) 507 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

✓ F 40445

10445 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Lurge St., 17-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Herbert Brown

(a) Residence: No. 733 Lurgei St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elinor Brown

6. DATE OF BIRTH (month, day, year) Aug 9-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66?	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Elinor Brown

(Address) 733 Lurge St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/30/37

19. UNDERTAKER Charles L Corpes

(Address) 214 N. Calhoun St

20. FILED 10/30/37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Oct 26 1937

Other contributory causes of importance: Essential Hypertension

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Nuhn Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jurge S. Allen M. D. Coroner

(Address) 507 Augusta St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Rec'd 10/30/37

F 10446

10446 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 137 13-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ...Ward)

Length of residence in city or town: where death occurred 65 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mr. Herbert Wentworth Quartley, Sr

If U. S. Veteran specify WAR

(a) Residence: No. 2113 Callow Avenue St., Baltimore, Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs H. W. Quartley, Sr

6. DATE OF BIRTH (month, day, year) March 11, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as oil mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mr Charles Quartley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Miss Jane Robertson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Herbert W Quartley

(Address) 2113 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 30 1937

19. UNDERTAKER Chas E Franck

(Address) 802 Madison ave

OCT 30 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1937, to October 28, 1937.

I last saw him alive on October 28, 1937. Death is said to have occurred on the date stated above, at 7:50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Terminal bronchopneumonia	10-27-37

Other contributory causes of importance:

Myocardial insufficiency

Was an operation performed? Yes Date of 10-27-37

For what disease or injury? Adenoma of prostate

Name of operation Perineal prostatectomy

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Robert H Ivy M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10147

CERTIFICATE OF DEATH

F 10147

1. PLACE OF DEATH Dock Spedden Ship Building Yard

Registered No. 822

CITY OF BALTIMORE: (No. 2801 Boston St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George E. Cannon

(a) Residence: No. 2706 Hugo Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Sadie M. Cannon

6. DATE OF BIRTH (month, day, year) Oct. 4-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building

10. Date deceased last worked at this occupation (month and year) Oct 25-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sadie M. Cannon

(Address) 2706 Hugo Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Co Date 11/1 1937

19. UNDERTAKER

(Address) 1219 St Paul St

21. FILED OCT 29 1937 by Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

decided by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned by Accident (Subject to Inquest)	Oct. 25-1937
Capsized boat Maryland turned over	Oct. 25-1937

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 25, 1937

Where did injury occur? Ship Yard Dock Spedden Ship Building Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2801 Boston St. Industry

Manner of injury Capsized boat Maryland turned over in Main Railway

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify working on ship or boat or railway

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40148 CERTIFICATE OF DEATH 22-1 F 40148

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 49 E. Montgomery St Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 49 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR No Record

2. FULL NAME Alice J. Wamsley
(a) Residence: No. 49 E. Montgomery St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin J.
6. DATE OF BIRTH (month, day, year): Nov. 12 1855
7. AGE: Years 81 | Months 11 | Days 17 | If LESS than 1 day... hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Oxford Md

FATHER
13. NAME: Edw. J. Harrington
14. BIRTHPLACE (city or town) (State or country): Talbot Co Md

MOTHER
15. MAIDEN NAME: Deborah
16. BIRTHPLACE (city or town) (State or country): Talbot Co Md

17. INFORMANT (Address): Martha L. Bowers Pasadena Md
18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Olivet Date: Oct 12 1937
19. UNDERTAKER (Address): Williams Cook 1212 East Paul St
Huntington Williams, N.Y.
Registrar

CT 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to Oct. 28, 1937
I last saw h[illegible] alive on Oct. 28, 1937 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of the Breast — Date of onset 1933

Other contributory causes of importance:
Hypertension
Arteriosclerosis

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) George Silverson M. D.
(Address) 827 Light St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is OCCUPATION is very important. See instructions on back of certificate.

10449 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 10449

CERTIFICATE OF DEATH

1. PLACE OF DEATH Univ. Hospital. 15-10 59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Jeremy P. Carey. (Physician)

(a) Residence: No. 3912 Belle Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M.Carey,

6. DATE OF BIRTH (month, day, year) August 31.1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dock Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Ship Co.

10. Date deceased last worked at this occupation (month, day, year) Oct 17.1937

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jeremiah Carey.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann E.Ryan,

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Bertha M.Carey,

(Address) 3912 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL NOV 1 1937

Place St Peters Date

19. UNDERTAKER Geo W Foute

(Address) 2700 Edmondson Ave.

T 30 1937 Huntington Williams, N.P.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1937 to Oct 25, 1937

I last saw him alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 11 A.M. P.M.

The principal cause of death and related causes of importance were as follows: Hemorrhage Esophageal Varicose Veins — Date of onset

Other contributory causes of importance: Practically Abscessed Metastatic abscess to lung

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. E. Bruce M. D.

(Address) Univ Hospital

F 40150

34865

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 40150

CERTIFICATE OF DEATH

3-1 145-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? y. s. mos. ds.

2. FULL NAME Annie O Whitworth (Annie Bram Whitworth) U. S. Veteran (Specify WAR)

(a) Residence: No. 1607 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace

6. DATE OF BIRTH (month, day, year) 7-14-93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Willie Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Henrietta Brown

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 31 1937

19. UNDERTAKER Mrs Ida Bailey
(Address) 1421 Jefferson St

Oct 31 1937 [illegible] Undertaker.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937 to Oct 28 1937
I last saw her alive on Oct 28 1937 Death is said to have occurred on the date stated above, at 3.00 A m.

The principal cause of death and related causes of importance were as follows:

Pneumonal Sepsis
Anaerobic streptococcal septicaemia

Date of onset
Sept 21

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Walter B. Bruch M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

10451 F 10451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Marine Hospital St. 15-7-59 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wells Schuppener
(a) Residence: No. 2914 Clifton ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran specify WAR World War

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed or divorced HUSBAND of (~~WIFE~~) Ruth Schuppener

6. DATE OF BIRTH (month, day, year) Sept 2-7 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Standard Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt, Md

FATHER
13. NAME Henry Schuppener
14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER
15. MAIDEN NAME Regina Nelson
16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mrs Ruth Schuppener
(Address) 2914 Clifton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 1, 1937

19. UNDERTAKER W. J. McKenna & Sons
(Address) Madison & Eutaw

Filed Nov 1 1937 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
and that said deceased came to his death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset 1928?

Other contributory causes of importance:
Diabetes several years

Was an operation performed? Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John M. Crane, M. D.
Coroner
(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

V 6 6

F 40452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40452

14-2186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital — Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify War World War

2. FULL NAME Chester Evans

(a) Residence: No. 1412 Myrtle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva Evans

6. DATE OF BIRTH (month, day, year) Oct — 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

FATHER

13. NAME Lawrence Evans

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Allie —

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Eva Evans

(Address) 1412 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Raleigh N.C. Date 10/30 37

19. UNDERTAKER Chas H. Alexander

(Address) 1200 W. Baltimore St

20a. Filed OCT 30 1937 20b. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture nasi	Oct 26 1937
Fractured upper jaw	
Fractured Shoulderlift hip - left.	
Cerebral Concussion	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 26 1937

Where did injury occur? 1412 Myrtle Ave Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of 3rd story window 1412 Myrtle Ave

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorge L. Allen M. D.

(Address) 507 Linwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10453

HEALTH DEPARTMENT—CITY OF BALTIMORE

10453

CERTIFICATE OF DEATH 20319--BF

958

1. PLACE OF DEATH

Registered No. 26-2

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David J. Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 4209 Frankford Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1-22-1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Levenport Robinson

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Eleano Robinson

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 11/2/37 Baltimore County 19

19. UNDERTAKER Leonard J. Ansell
(Address) 5305 Harford Rd.

20. FILED T 30 1937 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-1937 19

22. I HEREBY CERTIFY, That I attended deceased from January 14 19 37 to October 28 19 37

I last saw him alive on October 28 19 37. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-25-37

Other contributory causes of importance:

Arteriosclerotic heart disease	Unknown
Cerebral hemorrhage	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. de Saussure M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

10151 Devine E 10151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. K of C Club St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William V. Devine

If U. S. Veteran specify WAR

(a) Residence: No. Madison Cathedral Sts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE: Years 69; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brattleboro, Vt.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records K of C Club

(Address) Madison & Cathedral Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Brattleboro Vermont Date Oct 30" 1937

19. UNDERTAKER Leo M. Frank & Son

(Address) 5107 Reisterstown Rd

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-29-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe Coroner, M. D.

(Address) 1331 S. Monroe St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 30 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

10455

13 10455

CERTIFICATE OF DEATH

15-12 95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Philip Jeffers

(a) Residence: No. 2815 Hilldale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances

6. DATE OF BIRTH (month, day, year): 6-25-88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Max

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sara Smullian

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Westminster Date: 10/31/37

19. UNDERTAKER (Address): Jos. Sears Inc

20. FILED ... 19... [illegible] Westminster, Md.

CT 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937 to Oct 29, 1937

I last saw him alive on Oct 29, 1937 Death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	10-14-37
Chr. Rheumatic heart disease	30 years

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Caroline Jackson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 40156

F 40156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-259

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 E Balto St., Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Anna Meltzer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2500 E. Balto St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs., or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Meltzer

(Address) 2500 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Cemetery Date 10-31-37

19. UNDERTAKER Jack Levin Inc

(Address) 1459 E Balto St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance: Diabetic Acidosis — Cardiac failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Abel Wheeler, M. D. Coroner

(Address) 1112 E. Lutherland

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 31 1937

V S 6

F 40457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40457

CERTIFICATE OF DEATH

108

166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Poplar Grove St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Goldsmith

If U. S. Veteran specify WAR

(a) Residence: No. 705 Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-6-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5 5/12	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harry Goldsmith

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Helen Rothstein

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 10/31/37

19. UNDERTAKER Jack Lapin Inc.

(Address) 1439 E Balto St.

20. FILED Hunter Williams M.D. Registrar.

OCT 3, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937 to Oct 30 1937

I last saw him alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/25/37
Other contributory causes of importance: Cardiac Dilation	10/30/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter C Bacon M. D.

(Address) 100 E 20th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10458 HEALTH DEPARTMENT—CITY OF BALTIMORE 10458

CERTIFICATE OF DEATH 186-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1028 Cathedral St. 11-2 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenora A. Cowell
If U. S. Veteran specify WAR R.R. Record

(a) Residence: No. 1028 Cathedral St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of: Abel S.

6. DATE OF BIRTH (month, day, year): Jan 10 1879

7. AGE: Years 58 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At Home
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Conn.

FATHER
13. NAME: Charles A Tracy
14. BIRTHPLACE (city or town) (State or country): New York

MOTHER
15. MAIDEN NAME: Elizabeth Dorman
16. BIRTHPLACE (city or town) (State or country): Conn

17. INFORMANT (Address): Abel S. Cowell 1028 Cathedral St
18. BURIAL, CREMATION, OR REMOVAL Place: Mineland Mem. Pk. 11/1/37
19. UNDERTAKER (Address): William Cook 1219 St Paul St
20. FILED 19 ~~Oct 3 1937~~ ~~Huntington~~ ~~Williams~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30. 1935 to Oct. 28. 1937
I last saw h[illegible] alive on Oct. 28. 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff.	1935
Mucl. arthritis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: P.E. What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? [illegible] Date of injury Apr. 1935
Where did injury occur? 102[illegible] Cathedral St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On Street
Manner of injury Fell - Comp. fract. leg
Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer H. Gold M. D.
(Address) 735 Reformation Bldg
Received - Samuel B Wolfe M.D. Coroner C.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 V-894-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Patterson Park Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Kane

If U. S. Veteran specify WAR No Record

(a) Residence: No. 806 Cedarcroft Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, or divorced~~ widowed, HUSBAND of ~~the wife of~~ Mary Kane

6. DATE OF BIRTH (month, day, year) Mar 15th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. L. Pirl

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (City or town) (State or country) Balto Md.

FATHER

13. NAME John Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah J. Mates

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary D. Kane
(Address) 806 Cedarcroft Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 2nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED OCT 31 1937 Thomas Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner
(Address) 1912 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

10460 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10460

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-S (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret G. Kelly — If U. S. Veteran specify WAR No Record

(a) Residence: No. Chatsworth Ave, St., Glyndon, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of John T. Kelly

6. DATE OF BIRTH (month, day, year) Aug 28, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Grega

14. BIRTHPLACE (city or town) (State or country) New castle Pa

MOTHER

15. MAIDEN NAME Mary V. Uhler

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md

17. INFORMANT John T. Kelley
(Address) Glyndon Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 2nd 37

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED OCT 31 1937 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1937 to Oct 30 1937

I last saw her alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Heart~~ Ventral Hernia	1932
Other contributory causes of importance: Acute Myocardial Failure	10/30/37

Was an operation performed? Yes Date of Oct. 29, 1937

For what disease or injury? Ventral Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. P. Scarborough Jr. M. D.

(Address) Md. General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40461 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 40461

CERTIFICATE OF DEATH 12-793-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Cochran If U. S. Veteran specify WAR. No Record

(a) Residence: No. 215 W 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel B Cochran

6. DATE OF BIRTH (month, day, year) Sept 17-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Charles E Cox

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Lydia A. Kelbaugh

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT (Address) Ruth E Jones 215 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 11/1/37

19. UNDERTAKER (Address) William Cook 1219 St Paul St.

20. FILED 19 Huntington Williams M.D. Registrar

CT 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-27-37 1937 to 10-29 1937

I last saw her alive on 10-29 1937. Death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Other contributory causes of importance: Myocardial failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Williams M. D.

(Address) Md. General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 10462

10462 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10462

CERTIFICATE OF DEATH 13-481

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 Auchentoroly Ter Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War No Record

2. FULL NAME Annie E. Forrest

(a) Residence: No. 2716 Auchentorolly Ter. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas E. Forrest

6. DATE OF BIRTH (month, day, year) July 20 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1 years ago

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward N. Dryden

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lizzie Obauldwin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas. E. Forrest

(Address) 2716 Auchentoroly Ter

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11-2 1937

19. UNDERTAKER Fallon & Cook

(Address) 1219 E Fayette St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1936 to Oct. 29 1937

I last saw h alive on Oct 29 1937. Death is said to have occurred on the date stated above, at 6.50 m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Degeneration — Date of onset 1 mo

Other contributory causes of importance: Incipient Senility — Date of onset 6 days

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E.G. Jones M. D.

(Address) 1600 N Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 1937

F 40463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40463

CERTIFICATE OF DEATH

26-1093-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. East Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. King

☐ U.S. Veteran
specify WAR .....

(a) Residence: No. 117 N. East Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wm. Henry King

6. DATE OF BIRTH (month, day, year) March 13, 1867

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	70	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Asbury, Hughes

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME ? Sutton

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Alberta Catlin

(Address) 117 N. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov. 1 37

19. UNDERTAKER C. Heemann and Son

(Address) 32 S. Broadway

20. FILED OCT 31 1937 Harrington Williams, M.D.

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 37 19

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1937 to 10-28, 1937

I last saw her alive on 10-28, 19 37 Death is said to have occurred on the date stated above, at 8 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Auricular fibrillation	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Gould M. D.

(Address) 141 N. East ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40464

40464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-6 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Braddish Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eliz. Wirth

U.S. Veteran specify WAR

(a) Residence: No. 1626 Braddish Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gustav Wirth

6. DATE OF BIRTH (month, day, year) Nov. 20, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	229	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman Redeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Kalthoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Gustav Wirth

(Address) 1626 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL Louden Pk. Date 11/ 1 37

Place 19

19. UNDERTAKER L. Neemann and Son

(Address) 32 S. Broadway

20. FILED OCT 31 1937 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/37

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/31 Oct 29 37

I last saw h[illegible] alive on Oct 26 37 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows: Chronic Nephritis

Duration of each 1 yr

Other contributory causes of importance: Cerebral Thrombosis 1 dy

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) Henry C. Haeger M. D.

(Address) 1929 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 40463

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. 26-1 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Dench QUICK

If U. S. Veteran specify WAR

(a) Residence: No. 4214 White Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (~~HUSBAND OF~~) (or) WIFE OF Sacrt

6. DATE OF BIRTH (month, day, year) 1/18/80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) U S -

MOTHER

15. MAIDEN NAME Margaret Collins

16. BIRTHPLACE (city or town) (State or country) U S -

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jerusalem Luth Date Nov. 2 1937

19. UNDERTAKER Fred Lazarus Jr. (Address) 7401 Belair Road

20. FILED OCT 31 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937 to Oct 30 1937

I last saw her alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1924
Myocardial insufficiency	Oct 30 1937
Cerebral hemorrhage	

Other contributory causes of importance:

Diabetes mellitus

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A Luckraft, jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 31 1937

F 40466

George F Miller

F 40466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

2-3

CC

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 714 S. Regester St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George F. Miller

(a) Residence: No. 714 S. Regester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of or WIFE of Elizabeth Miller

6. DATE OF BIRTH (month, day, year) July 17-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) About 6 Months ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER FATHER

13. NAME Frederick Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. C. Miller

(Address) 8305 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cath. Date Nov. 2, 1937

19. UNDERTAKER Fred Lazenby & Sons

(Address) 1401 Edmondson Road

20. FILED Nov 1 1937 Wilmer Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 year
	Several years

Other contributory causes of importance: Alcoholism, Arteriosclerosis

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. All blanks should be filled. If unknown, so state. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

U.S.C. 1937

10467

HEALTH DEPARTMENT—CITY OF BALTIMORE

10467

CERTIFICATE OF DEATH

37-2046-D

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Caroline G. Dodge

(a) Residence: No. 3406 Pinkney Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frederick A. Dodge

6. DATE OF BIRTH (month, day, year): Mar 18. 1865

7. AGE — Years: 72 | Months: 7 | Days: 11 | If LESS than 1 day, hrs. or min.: .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Alfred Ashman

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Barber

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: William E. Dodge
(Address) 3128 Stafford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Nov. 1 1937

19. UNDERTAKER: Mr. & Mrs. John F. Teufel & Son
(Address) 801 W. Fayette St

20. FILED ..... 19 ..... Registrar

Nov 1 1937 Huntington Williamsport, Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Oct 29, 1937

I last saw her alive on Oct. 29, 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset 1934
Intestinal Obstruction
Hypostatic Pneumonia

Other contributory causes of importance:

Was an operation performed? Yes. Date of Oct. 20

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. Kummerlowe M. D.

(Address) Lenox Park Hospital

40468 HEALTH DEPARTMENT—CITY OF BALTIMORE 40468

CERTIFICATE OF DEATH 124B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 807 Mentor Court St. 10-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 807 Mentor Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Jones

6. DATE OF BIRTH (month, day, year) 9-11-'71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Jones

(Address) 608 Sterling St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lavans Date 11/1 1937

19. UNDERTAKER Israel C. Locke & Son

(Address) 242 Division St.

20. FILED Nov 1 1937 Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1937 to Oct. 29 1937

I last saw her alive on Oct. 29 1937. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Arteriosclerosis	2 yrs
Cirrhosis of liver	6 "
Other contributory causes of importance: Indefinite	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sarah K Blake M. D.

(Address) 924 Eutaw Pl.

OCT 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-1107-a

Registered No. F 40469

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 557 Carey St.

CITY OF BALTIMORE: (No. 557 St., Ward)

Length of residence in city or town where death occurred 27 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Walker

(a) Residence: No. 557 Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joshua Walker

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Sands

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Mannix

(Address) 809 Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. 11/24/37

19. UNDERTAKER Frankes A. Kennedy

(Address) 57 & W. Biddle St

20. FILED 19 Registrar

CT 3 1937

Huntington Publishing Co., Phila., Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Carney, Coroner, M. D.

(Address) 215 Hanover

40470 HEALTH DEPARTMENT—CITY OF BALTIMORE 40470

CERTIFICATE OF DEATH

26-12 107-a 12620 JS

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Hall

If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1862 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 11/1/37

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED , 19 Registrar.

OCT 31 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to October 28, 1937

I last saw her alive on October 28, 1937. Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-27-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. A. de Santolle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40471

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Argyle St., 11-1 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel J. Robinson If U. S. Veteran specify WAR

(a) Residence: No. 930 Argyle Ln St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Perkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lavena Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lavena Robinson
(Address) 930 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 11/1 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 376 N. Biddle St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/26 1937 to 10/27 1937

I last saw h alive on 10/27 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Uremia	
Other contributory causes of importance: (Cyst of Kidneys)	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Burkett M. D.

(Address) 2169 Druid Hill Ave

Information asked for should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8

CT. 1937 Hemsley Funeral Home

F 40472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40472

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Hickory Ave St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. 13-6172-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Norman W. Fuster

If U.S. Veteran specify WAR

(a) Residence: No. 3432 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Genevieve A. Fuster

6. DATE OF BIRTH (month, day, year) May 22 1883

7. AGE: Years 54 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Fuster

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Rosie Coker

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Genevieve A. Fuster,
(Address) 3432 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 1 37

19. UNDERTAKER Albert W. Berry
(Address) 4402 Harford Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to Oct. 27, 1937

I last saw him alive on Oct. 26, 1937. Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Cancer	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. Linwood Lee M. D.
(Address) 4209 Frederick Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 67 1551

Galaska

E 40173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40173

CERTIFICATE OF DEATH

1-2108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth 40 yrs. mos. ds.

2. FULL NAME Vincent Galaska

If U.S. Veteran specify WAR .....

(a) Residence: No. 8 South Ellwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Galaska

6. DATE OF BIRTH (month, day, year): June 22 1894

7. AGE: Years 43 . Months 5 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Joiner Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cooperage

10. Date deceased last worked at this occupation (month and year): Oct. 1937

11. Total time (years) spent in this occupation: 5yr

12. BIRTHPLACE (city or town) (State or country): Sokolowo Poland

MOTHER FATHER

13. NAME: Andrew Galaska

14. BIRTHPLACE (city or town) (State or country): Sokolowo Poland.

15. MAIDEN NAME: Mary Wardynska

16. BIRTHPLACE (city or town) (State or country): Sokolowo Poland

17. INFORMANT: Mrs. Rose Galaska

(Address) 8 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Nov 2, 1937

19. UNDERTAKER: M. F. Sadowski & Son

(Address) 1808 Eastern Ave.

20. FILED ..... 19 ..... Registrar

OCT 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1937 to Oct 28, 1937

I last saw him alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 1105 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/31
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St Josephs Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 40174

F 40174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-7 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Schimpf

(a) Residence: No. 2807 Westfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

☐ U.S. Veteran
(specify WAR ...)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 29 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	? Hours	1/2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mr. Philip Schimpf

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mrs. Elizabeth Ruckert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Philip Schimpf
(Address) 2807 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 1 1937

19. UNDERTAKER John H. Deeny
(Address) 415 Light St.

20. FILED Oct 31 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Newborn, 19 to 19

I last saw him alive on Oct 29 8:15 a.m. 1937 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
weight 1½ lbs	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis T. Dagli M. D.
(Address) 1101 St Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10475

HEALTH DEPARTMENT—CITY OF BALTIMORE

10475

CERTIFICATE OF DEATH

20707--21

Registered No. 1934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Ford

(a) Residence: No. 5 N. Mount St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Date Nov 1 1937

19. UNDERTAKER Sym. N. Chase & Son
(Address) 630 N. Eutaw St

20. FILED Nov 1 1937, 19 [illegible] Registrar.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937 to October 29, 1937

I last saw her alive on October 29, 1937 Death is said to have occurred on the date stated above, at 9.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	[illegible]
Cerebral hemorrhage	[illegible]

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. de Lamballe M. D.

(Address) Baltimore City Hospitals

Information should be entered in every space. Write plainly. Use ink. If cause is unknown state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40476

CERTIFICATE OF DEATH

1. PLACE OF DEATH Boston & Chester Sts. Run over by freight train
CITY OF BALTIMORE: (No. 1-5 St., Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam Sybinski

(a) Residence: No. 418 S. Wadeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) About 2 Years.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Sybinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Pentkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Sybinski
(Address) 418 S. Wadeira St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 1 1937

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St.

20. FILED Nov. 1 1937 Huntington Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
adduced by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Run over and crushed by R.R. train	Oct. 29 1937
Inquest Pending	7.20 P.M.
Other contributory causes of importance: Riding on train, freight.	Oct 29 1937

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 29 1937
Where did injury occur? Boston & Fleet St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On street, Boston & Fleet Sts.
Manner of injury Fell from freight train
Nature of injury Entire body Crushed

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. W. Wood Coroner, M. D.

(Address) 1712 E. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV. 1 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

33057 / 10177

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anny Lucille Brown

(a) Residence: No. 809 N Calhoun St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 9/16/18

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME Archie Washington

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nelli James

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Records -

(Address) ~~JOHNS HOPKINS HOSPITAL~~

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Lookout Date 11/1 37

19. UNDERTAKER Thomas E. Kelly Sons

(Address) 1613 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

Nov 1 1937 Huntington Williams, P

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937 to Oct 28 1937

I last saw her alive on Oct 28 1937. Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	? Oct 1937
Rheumatic heart disease	1929
Cerebral Embolism {first	Oct 1937
Cerebral Embolism {fatal	Oct 27 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter B. Brooks, M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

40478 E 10178

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 School St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriet Griffin Hunt

(a) Residence: No. 716 School St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of Frank Hunt

6. DATE OF BIRTH (month, day, year) June 29 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Billy Griffin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Garnett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Hunt
(Address) 716 School St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 11 2 1937

19. UNDERTAKER T. E. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED 11-2-1937 H. A. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1937 to Oct 30 1937

I last saw her alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1/2 yr
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William Ney M. D.

(Address) 1128 Penna Ave

K. H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10473)

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Ferguson

(a) Residence: No. 1546 Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dan

6. DATE OF BIRTH (month, day, year) 3/25/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank ?

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Lucy

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/1/37

19. UNDERTAKER Thomas E. Peterson
(Address) 1353 Pennsylvania Ave

20. FILED NOV 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1937, to 10-28, 1937

I last saw h.C. alive on 10-28, 1937. Death is said to have occurred on the date stated above, at 12 22 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Laryngeal Tuberculosis	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C.K. Woodward M. D.

(Address) Balto. City Hosp.

Information must be complete and supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 40480 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40480

CERTIFICATE OF DEATH

45-D

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 1-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR S.A.W.

2. FULL NAME Fred Foster

(a) Residence: No. 1820 Montford Ave., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Robertson

6. DATE OF BIRTH (month, day, year) May 19, 1872

7. AGE — Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

FATHER

13. NAME Adam Foster

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Margaret ???

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 2nd 1937

19. UNDERTAKER Leo G. Cook
(Address) 1703 N. Patterson Park Ave

20. FILED ..... 19.... Registrar

NOV 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to October 28, 1937.

I last saw him alive on October 28, 1937. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, epidermoid, grade II	
lower jaw	Dec. 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-30, 4-5, 5-18, 8-30-37.

For what disease or injury? Carcinoma

Name of operation Excision and resection of mandible

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. N. a dunn, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/g

To state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

40181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 40181

CERTIFICATE OF DEATH

V 16 + a.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 E. Lanvale St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida J. Vitzthum

(a) Residence: No. 319 E. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Vitzthum

6. DATE OF BIRTH (month, day, year) April 26 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Oct 1937 | 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H. Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Kate A. Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John W. Vitzthum (Address) 319 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Forest Park Date Nov 1 1937

19. UNDERTAKER Wm H. Galentine (Address) 2326 Eden St

20. FILED NOV 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Asphyxiation Carbon Monoxide	Oct 29 '37
(b)	
(c)	
(d)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 29, 1937

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Illuminating Gas Carbon Monoxide

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Levitt M. D. Coroner

(Address) 321 E. Monument St

F

INSTRUCTIONS—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40182 HEALTH DEPARTMENT—CITY OF BALTIMORE 40182

CERTIFICATE OF DEATH

192-a cc

Registered No. 1877

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 735 S. Potomac St. 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Albert Harris

(a) Residence: No. 735 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~late wife of~~ Viola Harris

6. DATE OF BIRTH (month, day, year) Aug. 16-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (month and year) Dec. 24-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME James Harris
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Ella Jackson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles Harris
(Address) 6 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthew Date Nov 1 1937

19. UNDERTAKER Wendell Hyatt
(Address) 1503 Edmondson Ave.

FILED 19 Huntington Williams

NOV 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Jan. 1937

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

F. B.—WRITE PLAINLY. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

40183 HEALTH DEPARTMENT—CITY OF BALTIMORE 40183

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward) 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Joseph George
(a) Residence: No. 2229 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie George

6. DATE OF BIRTH (month, day, year): Feb. 22, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Transit Company
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Trinidad B.W.I.

FATHER
13. NAME: Allen George
14. BIRTHPLACE (city or town) (State or country): B W I

MOTHER
15. MAIDEN NAME: Theresa Chester
16. BIRTHPLACE (city or town) (State or country): B W I

17. INFORMANT (Address): Sadie George 2229 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Date Nov 1 1937

19. UNDERTAKER (Address): Charles Alexander 1200 N. Carrollton

20. FILED NOV. 1937 Registrar Huntington Cemetery, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10.26. 1937 to 10.29. 1937
I last saw him alive on 10.29. 1937 Death is said to have occurred on the date stated above, at 0.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral hemorrhage	10.26.37
Other contributory causes of importance:	
arteriosclerosis, mitral and aortic insufficiency	?

Was an operation performed? no Date of
For what disease or injury?
Name of operation —
What test confirmed diagnosis? clinical + autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) James D. Carr M. D.
(Address) 515 Mosher St.

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10181

F 10181 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-493-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5315 Wendley Rd St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 5315 Wendley Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of James J. Lee

6. DATE OF BIRTH (month, day, year) Sept 6, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bartholomew Hartgell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Joanna Boland

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James J. Lee Sr. (Address) 5315 Wendley Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 3 1937

19. UNDERTAKER Henry W Jenkins & Son (Address) Cathedral & Centre Sts

Registered No. 1693 Filed Nov 3 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937 to Oct. 30, 1937

I last saw her alive on Oct. 16, 1937. Death is said to have occurred on the date stated above, at 11:50 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis - Before	1-4-37
Coronary thrombosis -	10-30-37

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Mary E. Lee, M. D.

(Address) 120 W. Fayette St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV. 1937

F 40485 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40485

CERTIFICATE OF DEATH 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Calvert St., 11-1 Ward)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME Cora B. Shriver

If U.S Veteran specify WAR ...

(a) Residence: No. 1319 N. Calvert St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. Columbus Shriver

6. DATE OF BIRTH (month, day, year) Nov. 2, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1-1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

FATHER

13. NAME Rice Winfield Hoe Payne

14. BIRTHPLACE (city or town) (State or country) ------ Virginia

MOTHER

15. MAIDEN NAME Ann A. Semmes

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Miss Anne L. Jones

(Address) 419 Prince St. Alex., Va.

18. BURIAL, CREMATION, OR REMOVAL, Place Cathedral Cemetery 11/2 37

19. UNDERTAKER Henry W. Mears and Son

(Address) 805 N. Calvert St.

FILED NOV 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 27th, 1937, to October 30th, 1937

I last saw h&r alive on October 29th, 1937. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Old Age, Debility	

Was an operation performed? No Date of ---

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Thomas L. Sheary, M. D.

(Address) 3801 N. Charles St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10486 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10486

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2100 N. Smallwood St. 15-4 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis T. Bosse

If U.S. Veteran specify WAR .....

(a) Residence: No. 2100 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Bosse

6. DATE OF BIRTH (month, day, year) May 2, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Louis T. Bosse

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Wilhelmina Marchella

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Alice M. Bosse

(Address) 2100 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 1 1937

19. UNDERTAKER E. Leroy Stiffler Inc

(Address) 1255 Riggs Ave.

20. FILED Huntington Williams, M.D.

11-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937 to Oct 29, 1937

I last saw him alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at 1 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance: Chr. Nephritis.

Was an operation performed? none Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fitzgerald E. Shannon M. D.

(Address) 203 N. Fulton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40187 CERTIFICATE OF DEATH ✓ 94-B F 40187

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N Highland Ave 21-10 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis R Bell

(a) Residence: No. 502 N Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna C Bell

6. DATE OF BIRTH (month, day, year) June 10 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain Fire Prevention Bureau

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Anna C Bell

(Address) 502 N Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 3 1937

19. UNDERTAKER John T Berry

(Address) 215 Light St

20. FILED NOV 1 1937 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

(Address) 1919 E. North Ave Coroner

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40488

CERTIFICATE OF DEATH

F 40488

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Church St.) (Ward) 25

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. — da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lillian K Browning

(a) Residence: No. 1521 Church St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Melvin E. Browning

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helena V Babylon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Melvin E Browning (Father)

(Address) 1521 Church St

18. BURIAL, CREMATION, OR REMOVAL

Place St Mathews Date Nov 1 19

19. UNDERTAKER John T. Dorsey

(Address) 212 Light St

20. FILED NOV 1 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. C. Nelson Coroner, M. D.

(Address) 2758 Lorst

V 6 6

S. E.—WRITE PLAINLY, WITH INK. ALL QUESTIONS MUST BE ANSWERED. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 40489 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40489

Registered No. 872

1. PLACE OF DEATH Baltimore City Hospitals 86-a

CITY OF BALTIMORE: (No. Bay View St., 365 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph A. Petzold

(a) Residence, No. 6308 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Petzold

6. DATE OF BIRTH (month, day, year) Nov. 29 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) Not in 25 years.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clifton Petzold (Son)

(Address) Sparrows Point Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Nov 19

19. UNDERTAKER John F Denny

(Address) 715 Light St.

20. FILED NOV 1 1937 19 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	10 day
Other contributory causes of importance: Fracture right Neck femur	7 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury May 25 1937

Where did injury occur? 1933 Crafton Ave. Hyndall (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Daughters Home

Manner of injury Fell on porch slipped

Nature of injury Fracture right Neck femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 6

S. B.—WRITE PLAINLY WITH INDELIBLE PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40490 — CERTIFICATE OF DEATH — F 40490

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Leo Bauersfeld [BAUERSFELD]

(a) Residence: No. 4501 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Dieuhova Bauersfeld

6. DATE OF BIRTH (month, day, year) Dec. 21, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Naval Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fredk Bauersfeld.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Adt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary D. Bauersfeld
(Address) 4501 Rolandave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov. 2' 37

19. UNDERTAKER Wm. Tyler Doub
(Address) North & Pa. Ave.

20. FILED NOV 1 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1937 to 10/30, 1937

that she was last alive on 10/30, 1937 Death is said to have occurred on the date stated above, at 5:46 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	?
	about

Other contributory causes of importance:

Was an operation performed? yes Date of 10/30/37

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Joseph E. Bunts M. D.

(Address) Univ. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1794-F 40491

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3722 Winterbourne Rd. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Philip Schultz — If U. S. Veteran specify WAR

(a) Residence: No. 3722 Winterbourne Rd. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Magdalene Schultz

6. DATE OF BIRTH (month, day, year) July 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Kalb Fisch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Magdalene Schultz (Address) 3722 Winterbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Mausoleum Nov. 1 37

19. UNDERTAKER Wm. Tucker Sons (Address) North & Pulaski

20. FILED NOV 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 29, 1937

I last saw him alive on Oct 27, 1937 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10/1/37
Other contributory causes of importance: Arteriosclerosis Heart Failure	1934

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1401 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40192

HEALTH DEPARTMENT—CITY OF BALTIMORE

O.K. Paul Schwartz M.D.

F 40192

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 21 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Carr

(a) Residence: No. 2001 Sparks court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Alexander Carr

14. BIRTHPLACE (city or town) (State or country) Baltimore, maryland

MOTHER

15. MAIDEN NAME Elizabeth Rachel

16. BIRTHPLACE (city or town) (State or country) Baltimore, maryland

17. INFORMANT Mrs. Alexander Carr (Father)
(Address) 2001 Sparks Court

18. BURIAL, CREMATION, OR REMOVAL
Date Nov 1 1937

19. UNDERTAKER Lilly & Zeidler
(Address) 403 E Lanvale

20. FILED Huntington Phillips, Registrar.
NOV 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1937 to October 30, 1937

I last saw h. alive on October 30, 1937 Death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Meningococcus meningitis	Oct. 29 '37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry S. Limbel M. D.
(Address) Sydenham Hospital

S. K.—WRITE PLAINLY, with pen and ink. ANSWER ALL QUESTIONS. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40493

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Mc. Donogh St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifton Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 808 Mc. Donogh St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mattie Scott.

6. DATE OF BIRTH (month, day, year) June 1896.

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
41	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Gloster Virginia

FATHER

13. NAME William Scott.

14. BIRTHPLACE (city or town) (State or country) Gloster Va.

MOTHER

15. MAIDEN NAME Lucy Ross

16. BIRTHPLACE (city or town) (State or country) Gloster Va.

17. INFORMANT Mattie Scott (Wife)

(Address) 808 Mc. Donogh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov 1 1937

19. UNDERTAKER Robert O. Kellam

(Address) 15 McElderry St

20. FILED Nov 1 1937 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937 to Oct 29, 1937

I last saw him alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9 days
Other contributory causes of importance:	
	Unk

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis H. Luke M.D.

(Address) 1741 E. Eager St.

F. H. B. LUKE

NOV 1 1937

WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40491 28-3 131 F 40491

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE, No. St. Agnes Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Moran

(a) Residence: No. 4901 Bethesda Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ann Moran

6. DATE OF BIRTH (month, day, year) Sept 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Thos Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mat Moran

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Thos James Bath 562 Calvert Apts

18. BURIAL, CREMATION, OR REMOVAL Date 11/3/37

Place Cathedral Cem

19. UNDERTAKER (Address) Geo A Spelman & Son Fairfax & Lexington Sts

20. Filed NOV 1 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10:31 1937

22. I HEREBY CERTIFY, That I attended deceased from 10:26 1937 to 10:31 1937

I last saw him alive on 10:31 1937 Death is said to have occurred on the date stated above, at 12:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (c c)	10 26 37
Left sided paralysis (Coma).	

Other contributory causes of importance:

Hypertension Cardiovascular Renal disease.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E Lyndecat M. D.

(Address) St Agnes Hosp

B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40495

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 37-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary A. Henry (Mary Ann Henry)

If U. S. Veteran specify WAR

(a) Residence: No. 5618 Belair Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot County Maryland

FATHER

13. NAME George W. Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

MOTHER

15. MAIDEN NAME Margaret ~~Wilson~~ Goff

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

17. INFORMANT George D. Henry (Address) Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL Place Camp Chapel Date Nov. 3 1937

19. UNDERTAKER J. A. Block (Address) 1003 E Baltimore St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1937 to Oct. 31 1937

I last saw her alive on Oct. 31 1937. Death is said to have occurred on the date stated above, at 7:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	
Other contributory causes of importance: Pulmonary infarct	Oct 31 1937

Was an operation performed? yes Date of Oct. 21, 1937

For what disease or injury? Carcinoma Cervix uteri

Name of operation Pan-hysterectomy

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. F. Johnston M. D.

(Address) Maryland General Hospital

V0 B

NOV 1 - 1937

Filmed by Remington Rand Inc.

INSTRUCTIONS.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40496

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 E. Fayette St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Bauernschub

If U.S. Veteran specify WAR

(a) Residence: No. 1803 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Bauernschub

6. DATE OF BIRTH (month, day, year) March 15, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.S. Abell Co.

10. Date deceased last worked at this occupation (month and year) October 18, 1937

11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Archer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. William Bauernschub

(Address) 2535 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov. 1 1937

19. UNDERTAKER C. S. Cook

(Address) 2003 E. Baltimore St.

20. FILED NOV 1 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937 to Oct 28, 1937

I last saw her alive on Oct 27, 1937 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Mitral Stenosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Conley Hoge M. D.

(Address) 729 Washington Blvd.

S. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10197

F 10197

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 Cedarcroft Rd. St., 27-13 Ward.

Length of residence in city or town where death occurred 66 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth, 66 yrs. 1 mos. 13 ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Virginia Tyles

(a) Residence: No. 309 Cedarcroft Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clagett Tyles

6. DATE OF BIRTH (month, day, year) Sept 18 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as sink mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William E. Middlekauff

14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER

15. MAIDEN NAME Margaretta T. Kemp

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Mrs Elbert R. Nuttle (daughter)
(Address) 309 Cedarcroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Bealsville Md Date Nov 2 37

19. UNDERTAKER Stewart & Morris Co.
(Address) 108 W Mt Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Oct 31 1937

I last saw her alive on Oct 30 1937 at 3:30 p.m. Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct 27
Other contributory causes of importance Carcinoma Liver	No Hist
Was an operation performed? Yes Date of Nov 1937	
For what disease or injury Carcinoma Liver	
Name of operation Completion Total Hysterectomy	
What test confirmed diagnosis?	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) R L Kuyer M. D.
(Address) W Eutaw at Lt

NOV 1 - 1937

N. B.—WRITE PLAINLY, WITH INSPAGES INK—THIS IS A PERMANENT RECORD. ALL items of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10498

CERTIFICATE OF DEATH

46-E

F 10498 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Harlem Av St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 73 yrs. 6 mos. 16 da.

2. FULL NAME Henry Randolph Munroe

If U.S. Veteran specify WAR NONE

(a) Residence: No. 2316 Harlem Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Munroe

6. DATE OF BIRTH (month, day, year): April 13 1864

7. AGE: Years 73; Months 6; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sign Decorating

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Company

10. Date deceased last worked at this occupation (month and year): About July 1936

11. Total time (years) spent in this occupation: about 25 yrs.

12. BIRTHPLACE (city or town) (State or country): Annapolis Maryland

FATHER

13. NAME: Edw. Munroe

14. BIRTHPLACE (city or town) (State or country): Annapolis Maryland

MOTHER

15. MAIDEN NAME: Zillah Thomas

16. BIRTHPLACE (city or town) (State or country): Annapolis Maryland

17. INFORMANT: Mrs Anna M Munroe (wife)
(Address) 2314 Harlem Av

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov-1- 1937

19. UNDERTAKER: Stewart & Horen Co.
(Address) 108 W North Av.

20. FILED NOV 1 - 1937 19 Registrar.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1936 to 10/29 1937

I last saw him alive on 10-29 1937. Death is said to have occurred on the date stated above, at 11.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of liver	7 days
Other contributory causes of importance: Paralysis Pneumonia Terminal Exhaustion	7 hrs 2 days

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Henry Russell M. D.
(Address) 3902 Greenmount Ave

F 40499 F 40499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2356 Sidney Ave. Westport Ward) 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CARRIE M. DAGNEY

If U. S. Veteran specify WAR

(a) Residence: No. 2356 Sidney Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Dagney

6. DATE OF BIRTH (month, day, year) Apr. 20. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Caleb Richardson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A.C. Hawkins

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. William Dagney (Husband)
(Address) 2356 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date Nov. 1. 1937

HENRY SANDER & SONS. INC. Henry Sander
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED Nov 1 1937 Wm. [illegible]

CV 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1937 to Oct. 29 1937

I last saw her alive on Oct. 27 1937 Death is said to have occurred on the date stated above, at 3.10 p. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach and Liver	1936
Other contributory causes of importance: Pulmonary Heart Disease	4 days

War an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Gravity Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. V. Glenn M. D.

(Address) 2708 Dulaney Valley Rd.

N. B.—WRITE PLAINLY, WITH PEN AND INK. ALL BLANKS MUST BE FILLED. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40500

F 40500

CERTIFICATE OF DEATH

46-E

Registered No. 36-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Fleet St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Uhl

(a) Residence: No. 3504 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Uhl

6. DATE OF BIRTH (month, day, year): June 5 1872

7. AGE: Years 65 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: John Braun

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Margaret Happel

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Ferdinand Braun.
(Address): 202 Monastary Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross A A Co. Date 11-3 37

19. UNDERTAKER: Bernard C. Harle
(Address): 121 E West St

20. FILED [illegible] 19[illegible] [illegible] Registrar.

NOV 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 31, 1937.

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 830 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Gall duct.	one week

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dwight Forsythe, M. D.

(Address) 424 E. North Ave Chesapeake 4836

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40501 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40501

#13685

SF

CERTIFICATE OF DEATH

34-194-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City hospitals St., 9 - 4 Ward) 33

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wilford Garner

(a) Residence: No. 613 Grant St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 3/9/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	53	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mallet Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov - 2 37

19. UNDERTAKER Rayney Sanders

(Address) 1413 E. Preston St

20. FILED ... 19 ... Registrar

NOV 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 19 .., to October 28, 19 37

I last saw h... alive on October 28, 19 37. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-28-37

Other contributory causes of importance:

Coronary sclerosis	
Arterial sclerosis	1936

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. De Lawter M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. All E should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40502

3445 D. Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40502

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N. Carey St) (S.W. 15-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1527 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Smith

6. DATE OF BIRTH (month, day, year) Jan-14-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79.	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Nelson Nottingham

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen Dyson

(Address) 22 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 1 1937

19. UNDERTAKER Sayler & Sanders

(Address) 143 E. Preston St

20. FILED . 19 . Registrar.

NOV 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 . 19 . to Oct 29 . 1937

I last saw h.... alive on Oct 29 . 1937. Death is said to have occurred on the date stated above, at 6 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	3 days
Other contributory causes of importance: Cardio-Renal	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Bando M. D.

(Address) 2445 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1027-a F 40503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City nospt. St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Weinstein (Nee Goldberg)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2105 Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 11-15-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benj. Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tetta Golinsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Herring Run Date 11-1-37 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1937 to 10-31 1937

I last saw her alive on 10-31 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Unknown
Acidosis	Unknown
Broncho pneumonia	10/30
Other contributory causes of importance:	
Idiopathic epilepsy	Unknown
Laceration of tongue	Few days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. Woodward Jr. M. D.

(Address) Belto. City Hosp.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 1931

10504 HEALTH DEPARTMENT—CITY OF BALTIMORE 10504

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Madeira St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 6 yrs. mos. ds.

2. FULL NAME Julian R. Wirth

If U. S. Veteran specify WAR

(a) Residence: No. 801 N. Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Wirth

6. DATE OF BIRTH (month, day, year) July 15, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Wirth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kuhlcrown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julia Kalb

(Address) 801 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov. 3 1937

19. UNDERTAKER Frank Leuchauer & Son

(Address) 1901 Eastern Ave.

20. FILED NOV 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1936 to Oct 31, 1937

I last saw h[illegible] alive on Oct. 30 1937. Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	11/8/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 10505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10505

CERTIFICATE OF DEATH

9

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital Ward 16-1)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 871 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 years	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Carroll Stevens

14. BIRTHPLACE (city or town) (State or country) North Hampton County Virginia

MOTHER

15. MAIDEN NAME Lenore Evans

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Father - Carroll Stevens
(Address) 871 W Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 2, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3221 Schroder St

20. FILED ..... 19..... Registrar.

NOV 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1937 to October 29, 1937

I last saw her alive on October 29, 1937 Death is said to have occurred on the date stated above, at 7.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	10/15/37
Interstitial pneumonia	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Harry S. Gimbel M. D.
(Address) Lyden Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 40506

Spec.—8-16-29—L. F. S.—100 Blks.

F 40506 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 705 Pierce ST. 17-3 WARD)

2—FULL NAME Georgiana Brooks

(a) RESIDENCE NO. 705 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Brooks

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER George Church

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Katherine —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Emma Alexander Young

(Address) 736 Pierce St

Filed NOV 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30-1937

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19. 1937. to Oct. 30. 1937.

that I last saw her alive on Oct. 28. 1937

and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Bronchitis, Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard M. D.

11/1. 1937 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cape Charles, Va

DATE OF BURIAL Oct 25, 19

20 UNDERTAKER Mrs. Kate A Williams

ADDRESS 32

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40507

F 40507

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Maryland. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Richards If U. S. Veteran specify WAR W. W.

(a) Residence: No. 1124 Argyle Ave., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nora Freeman Richards

6. DATE OF BIRTH (month, day, year) October 26, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Key West, Fla.

FATHER

13. NAME Joseph Richards

14. BIRTHPLACE (city or town) (State or country) Savannah, Ga.

MOTHER

15. MAIDEN NAME Hannah James

16. BIRTHPLACE (city or town) (State or country) Ocala, Fla.

17. INFORMANT Records - U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Nov 2, 1937

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED ..., 19... Registrar.

NOV 1 - 1937

Funeral for Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1937, to October 29, 1937

I last saw h... alive on October 29, 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, both lower lobes, hypostatic	10-21-37
Heart disease, valvular, aortic insufficiency	1918

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) T. B. N. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/g

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40508

DUPLICATE

✓ F 40508 SF

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a #16258

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

life

2. FULL NAME Howard D. Philline

If U. S. Veteran specify WAR

(a) Residence: No. 1530 Orleans St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/27/1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William J. Phillips

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Caroline Gephart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto City Date 11/4/37

19. UNDERTAKER Chas F. Grades & Son

(Address) 118 W. Mt Royal Ave

20. FILED NOV 4 - 1937 Huntington Williams, Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Octo 29, 1937

I last saw him alive on October 29, 1937 Death is said to have occurred on the date stated above, at 11:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-29-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sausette, M. D.

(Address) Baltimore City Hospitals.

I.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 40509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Battery Ave. Ward) 2 + 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 7 mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie M. Dellman

(a) Residence: No. 1232 Battery Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 27-1864

7. AGE: Years 73 | Months No. | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry Factory

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wm. R. Dellman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Frances Bair

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Dellman

(Address) 1232 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov. 2 1937

19. UNDERTAKER: Elizabeth Hurley Funeral Home

(Address) 115 E. Preston St.

20. Filed 1937 Hunter Watkins, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937, to Oct 30, 1937

I last saw h... alive on Oct 30, 1937 Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Other contributory causes of importance: Myocarditis Acute	7 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. O. Penfield M. D.

(Address) 1279 Fulton Ave

V 1937

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10510

HEALTH DEPARTMENT—CITY OF BALTIMORE

10510

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2123 Lynhurst St. Fem 5-9 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Stumpfer.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2123 Lynhurst St. Fem Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benedict Stumpfer

6. DATE OF BIRTH (month, day, year) 1-12-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Caton Hansemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Patschke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Bernard J Stumpfer 2123 Lynhurst Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 11/3/37

19. UNDERTAKER (Address) Leonard J Ruchy 5305 Harford Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937 to Oct. 31, 1937

I last saw h.. alive on Oct. 30, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/1/37
Chronic Endocarditis	?
Chronic Myocarditis	?
Arterio-Sclerosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Maurice E. Abramson M. D.

(Address) 3300 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 1 - 1937

F 40511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40511

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zora Wanet (27205)

If U. S. Veteran specify WAR

(a) Residence: No. 1500 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter

6. DATE OF BIRTH (month, day, year) Nov. 18, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	11	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Addie Logson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Myrtle Jenkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Tulpehocken Va Date Nov 3 1937

19. UNDERTAKER Williams Leach

(Address) 217 St Paul St

20. FILED ... 19... Registrar

NOV 1 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1937 to November 1, 1937

I last saw her alive on November 1, 1937 Death is said to have occurred on the date stated above, at 6 A.M.;

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Lungs	July 1937.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40512

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Marousek

If U. S. Veteran specify WAR

(a) Residence: No. Secretary Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Marousek

6. DATE OF BIRTH (month, day, year) Unknown About 59.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Unknown	Abt 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Marousek

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Mary Mervicka

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Mary Marousek New (Address) Secretary, Md. Market

18. BURIAL, CREMATION, OR REMOVAL Place Secretary Md. Date Nov. 5 37.

19. UNDERTAKER Charles C. Schimpeler (Address) 2603 E. Madison, St. Balto.

20. FILED NOV 1 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1937, to Nov. 1, 1937

I last saw him alive on November 1, 1937. Death is said to have occurred on the date stated above, at 2:03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Appendicitis	?
2. Hernia, inguinal direct, of urinary bladder	?
3. Arteriosclerosis with myocardial degeneration	?
Other contributory causes of importance:	
1. Bronchitis	
2. Pulmonary edema	

Was an operation performed? Yes Date of 10/30/37

For what disease or injury? Appendicitis; Hernia

Name of operation Appendectomy; Herniopasty

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify.

(Signed) Dennis M. Lupo, M. D.

(Address) 1213 Light St.

OCT 1 - 1937

If

HEALTH DEPARTMENT—CITY OF BALTIMORE

10513

10513

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Schneehagen

If U. S. Veteran specify WAR

(a) Residence: No. Padonia Lane, Cockeysville St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Schneehagen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hilda Heilmann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. Schneehagen

(Address) Padonia Rd. Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Nov. 3 1937

19. UNDERTAKER John Burns Sons

(Address) Towson, Md.

20. FILED NOV 2 - 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Nov. 1, 1937

I last saw h/m alive on Nov. 1, 1937 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative shock - craniotomy	Nov. 1
External hydrocephalus	7 mos.

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 1, 1937

For what disease or injury? External hydrocephalus

Name of operation Craniotomy

What test confirmed diagnosis? X-ray Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) S. Merkin M. D.

(Address) Sinai Hosp.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10514 HEALTH DEPARTMENT—CITY OF BALTIMORE 10514

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Belleville Ave. Ward 28-7)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M. Sindall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5312 Belleville Ave Ward Howard Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Jodie Sindall

6. DATE OF BIRTH (month, day, year) Sept 7th 1866

7. AGE: Years 71 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Samuel Holmes

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ann Parrish

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jodie Sindall

(Address) 5312 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Nov 2 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1936 to Oct 31 1937

I last saw her alive on Oct 31 1937 Death is said to have occurred on the date stated above, 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular Renal Disease — Date of onset

Other contributory causes of importance: Uraemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Holmes M. D.

(Address) 4715 Liberty Hts Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 2 - 1937

F 10515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10515

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1201 Darley Ave (St.) 9-8 (Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Yost

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1201 Darley Ave (Usual place of abode) Ward. ____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Katherine Yost

6. DATE OF BIRTH (month, day, year) May 30th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop - Handy Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year) 9/3/37

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Yost

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katzmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Geo. T. Zimmerman 1201 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 2 1937 H. Livingston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from (August 12 1937) to Oct 31 1937

I last saw him alive on Oct 31 1937. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of duct and gall Bladder	1 Yr
Other contributory causes of importance:	
Cachexia and Exhaustion	1 month

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation None

What test confirmed diagnosis? Surgical Exam? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Albert Crawford, M. D.

(Address) 625 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 2 - 1937 H. Livingston Williams, Registrar

F 40516 HEALTH DEPARTMENT—CITY OF BALTIMORE 40516

CERTIFICATE OF DEATH

27718 HB

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Brooks — If U. S. Veteran specify WAR :

(a) Residence: No. 1303 N. Carey st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?Dec 10/25

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11 ~~12~~	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. ?

FATHER

13. NAME William Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Owens

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/3 '37

19. UNDERTAKER Sam'l. W. Rusk & Son
(Address) 638 N. Gilmor

20. FILED NOV 4 - 1937 Huntington Williams M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1937, to 10-30, 1937

I last saw h. alive on 11.30 am 10/30, 1937. Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis — Date of onset 9 days before admission

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation T.B. in spinal fluid

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William H. Carey, Jr. M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40517 HEALTH DEPARTMENT—CITY OF BALTIMORE F 40517

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Federal St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Manning

If U. S. Veteran specify WAR

(a) Residence: No. 106 S Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Dec 3 1870

6. DATE OF BIRTH (month, day, year) 12-0/2 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Martin Manny

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mahon

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ellen Manny

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Cem 11/4/37

19. UNDERTAKER Leonard J Peck

(Address) 5305 Harford Rd.

20. FILED 19 Registrar

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Nov. 1, 1937

I last saw her alive on Nov. 1, 1937. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Arteriosclerosis	?

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E Preston St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10518 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10518

CERTIFICATE OF DEATH V 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Buser

(a) Residence: No. 2909 Rosalie St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ed. Buser

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ida Langley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ed. Buser

(Address) 2909 Rosalia

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 11/3/37

19. UNDERTAKER Evergreen Funeral

(Address) 5305 Harford Rd

20. FILED ... 19 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... Coroner ... M. D.

(Address) 225 N. Wolfe

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

F 10519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10519

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: 239 N. Schraeder St (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Bowles.

If U. S. Veteran specify WAR

(a) Residence: No. 239 N. Schraeder St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	C.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martin Bowles.

6. DATE OF BIRTH (month, day, year) 2/20/1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.

10. Date deceased last worked at this occupation (month and year) 1/1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or county) Baldwin Mills (State or country) Worcester Co. Md.

FATHER

13. NAME Henry Cooper.

14. BIRTHPLACE (city or town) Baldwin Mills (State or country) Worcester Co. Md.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) Baldwin Mills (State or country) Worcester Co. Md.

17. INFORMANT Martin Bowles (Husband)

(Address) 239 N. Schraeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Nov 2, 37

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Edmondson St

20. FILED 19 Per

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/37

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th 37 to Oct 31st 37

I last saw h.[illegible] alive on Oct 25th 37. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis Acute (Fatal), Aug 7th 1937	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Greene, M. D.

(Address) 622 N. Arlington Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 10520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10520

CERTIFICATE OF DEATH

1-27713 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachael Lacruze

If U. S. Veteran specify WAR .....

(a) Residence: No. 1612 W. Lexington St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon

6. DATE OF BIRTH (month, day, year) 12-6-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. V. M. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Nov. 3 '37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

Huntington Williams, MD

20. FILED NOV-2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) October 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1937, to October 31, 1937

I last saw her alive on October 31, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Typhoid fever	10-16-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. De Lautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40521

40521 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40521

CERTIFICATE OF DEATH V-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Simpson St., 9-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Washington

If U. S. Veteran specify WAR .....

(a) Residence: No. 2813 Simpson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) Aug. 6 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

FATHER

13. NAME William Parker

14. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

MOTHER

15. MAIDEN NAME Tempey Scott

16. BIRTHPLACE (city or town) (State or country) Hanover Co. Va.

17. INFORMANT Margaret A. Scott

(Address) 2813 Simpson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11-2-37 19

19. UNDERTAKER Bro. George H. Holland

(Address) 1631 Druid Hill Ave

Huntington Williams, N.Y.

20. FILED Dec 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Oct 30 1937

I last saw her alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 30
Arteriosclerosis	Oct 1

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jas. S. Culiney M. D.

(Address) 434 E 23rd St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 40522

F 40522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 739 Mc Henry St St. 21-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Redding. U. S. Veteran specify WAR

(a) Residence: No. 739 Mc Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Redding.

6. DATE OF BIRTH (month, day, year) Feb 26 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chris Goff

(Address) 739 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Nov 3, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615 Chestnut Ave

20. FILED NOV 2 1937 Hennington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. F. Claden Coroner M. D.

(Address) 2757 N. Howard St

N. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40523

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Hosp St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Evelyn Stitely

(a) Residence: No. 418 W 28th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Stitely

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lula Lohr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Stitely

(Address) 418 W 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Date Nov 3, 1937

19. UNDERTAKER Ehrenwitt Son

(Address) 3615 17 Chestnut Ave

20. FILED NOV 2 1937 19 by Hamilton for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10-30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: Acute Nephritis & Scarlet

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Kramer M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10521 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10521

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Washington St., 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Cook

(a) Residence: No. 413 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J Cook

6. DATE OF BIRTH (month, day, year) July 29-1859

7. AGE: Years 78 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Patrick Rock

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Tighe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward J Cook
(Address) 2200 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/3rd 1937

19. UNDERTAKER J Melville Jenkins
(Address) 1605 E Lafayette Ave

20. FILED ... 19... Registrar

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1937 to 10-30 1937

I last saw h... alive on 10-29 1937 Death is said to have occurred on the date stated above at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset

Gen'l Cerebro Sclerosis

Other contributory causes of importance:

Angina Pectoris & Terminal Bronchial Pneumonia

Was an operation performed? ... Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) David Druce M. D.

(Address) 4 Washington Blvd 11/1/37

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 40525

40525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Lyndale Avenue St., 8-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Margaret Van Vleck

(a) Residence: No. 3221 Lyndale Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Daniel W. Van Vleck

6. DATE OF BIRTH (month, day, year) March 31st, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Rudiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth M. Wagenshein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta M. Rudiger (Sister)
(Address) 3221 Lyndale Avenue

18. BURIAL, CREMATION, OR REMOVAL
Placed Western Cemetery Nov. 3rd, 1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED Nov 1 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/37 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased on Inquiry (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schender Coroner M. D.

(Address) 1712 E. North ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10526

HEALTH DEPARTMENT—CITY OF BALTIMORE

10526

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 304 Northway St., (Ward) 11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George A. Rudolph

If U. S. Veteran specify WAR

(a) Residence: No. 304 Northway St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 30, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hardware Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year): Oct

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Harman Rudolph

14. BIRTHPLACE (city or town) (State or country): Balto., Md

MOTHER

15. MAIDEN NAME: Virginia Sykes

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Carroll A. Rudolph

(Address) 304 Northway

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Nov. 3 37

19. UNDERTAKER: Margaret J. Flynn

(Address) 1422 Light St.

20. FILED: Nov 2 1937 Penning for Williams, ND

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct 15~~ July 27, 1937 to Oct 31, 1937

I last saw ... alive on Oct 29, 1937. Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis -	Oct 37
Secondary - primary in the bowels	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno O'Meara, M. D.

(Address) 701 Mes. Ave.

Paid Ord

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 2 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40527

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-7-1 Ward)

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Funk

If U. S. Veteran specify WAR

(a) Residence: No. 4710 Schley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 9/18/71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Funk

14. BIRTHPLACE (city or town) (State or country) N C -

MOTHER

15. MAIDEN NAME Emily Ficaji

16. BIRTHPLACE (city or town) (State or country) N C -

17. INFORMANT (Address) Records - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place London PK Date Nov 3/37

19. UNDERTAKER (Address) Philip Henry Sons 2016 Eutaw

20. FILED NOV 2 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to Oct 30, 1937

I last saw him alive on Oct 30, 1937 Death is said to have occurred on the date stated above, at 4 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	10-25-37

Other contributory causes of importance:

Hypertension	5 yrs
Generalized arteriosclerosis	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Cumberland Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40528

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 E. Federal St., 9-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia D. Betts If U. S. Veteran specify WAR

(a) Residence: No. 1209 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Betts

6. DATE OF BIRTH (month, day, year) Nov. 13/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Isaac Cuddy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hanson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James A. Betts
(Address) 1209 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Nov 2/ 37

19. UNDERTAKER Philip Henry & Sons
(Address) 2016 Eutaw Pl

20. FILED NOV 2 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Oct. 30, 1937

I last saw h[illegible] alive on Oct. 29, 1937 Death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insuff.
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Chr. Nephr

Was an operation performed? xx Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. W. Kaysey M. D.

(Address) 1502 Park Ave

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10529) CERTIFICATE OF DEATH 82-a F 10529)

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Provident Hosp St. 14-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Strother

(a) Residence: No. 2012 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Strother

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 10-29-37 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Mrs Mamie Strother (Address) 2012 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/3 37 19

19. UNDERTAKER Thomas E. Kelson (Address) 1363 Presstman St

20. FILED NOV 2 - 1937 19 Huntington Witness, W.P. Clerk

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10, 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-23-37, 19 37 to 10-31-37, 19 37

I last saw her alive on 10-31-37, 19 37 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	10-29-37
Coma	
Other contributory causes of importance:	
Pulmonary edema	10-29-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James E. Carr M. D.

(Address) 210 Winter St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10530 F 10530

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 W. Lanvale St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Jessup

If U. S. Veteran specify WAR .....

(a) Residence: No. 1639 W. Lanvale St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jessup.

6. DATE OF BIRTH (month, day, year) April 16, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT John Jessup (Address) 1639 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/2 37

19. UNDERTAKER Thomas E. Nelson (Address) 305 Preston St

NOV 2 - 1937

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/37

22. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1937 to Oct. 30, 1937.

I last saw h[illegible] alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal vascular disease	1936 Apr. 30
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Griffith M. D.

(Address) 1536 W. Lanvale St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10531 — CERTIFICATE OF DEATH — 152 F 10531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) 4th (Ward) 3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amos White — If U. S. Veteran specify WAR World

(a) Residence: No. 1821 Madison Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Virginia White

6. DATE OF BIRTH (month, day, year) April 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Unk.
14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Lewis
16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Mrs. Virginia White
(Address) 1821 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va. Date 11/2 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1363 Pennsylvania Ave

20. FILED ... 19...
NOV 2 - 1937 ... Registrar
Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Oct 31, 1937

I last saw him alive on Oct. 31, 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus septicemia — multiple abscesses	Oct. 30, 37

Other contributory causes of importance:

None

Was an operation performed? yes Date of Oct 29 37

For what disease or injury? Abscess of Gluteal Region

Name of operation incision & drainage

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James D. Carr M. D.

(Address) 515 Market St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40532

CERTIFICATE OF DEATH

E 40532

54-E

15-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph T. Brown

If U. S. Veteran specify WAR W.W.

(a) Residence: No. 1806 Lorman St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Braxton Brown

6. DATE OF BIRTH (month, day, year) July 3, 1889

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	48	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chicken picker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Md.

FATHER

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Louise Carroll

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 11/3 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1382 Pleasant St.

20. FILED ..... 19 ..... Registrar

NOV 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1937 to October 31, 1937.

I last saw him alive on October 31, 1937 Death is said to have occurred on the date stated above, at 7:07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extravasation of urine, abdomen, scrotum and thighs	10-21-37
Tumors (Papillomata), multiple, bladder	1932
Other contributory causes of importance:	over

Was an operation performed? Yes Date of 10-26-37

For what disease or injury? Tumors and Extravasation of urine

Name of operation Suprapubic cystostomy Incision & drainage, scrotum

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. M. H. a diver. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40533

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., (Ward) 10-27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie M. Gallagher

If U. S. Veteran specify WAR.

(a) Residence: No. 526 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Gallagher

6. DATE OF BIRTH (month, day, year) Dec. 1, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md

FATHER

13. NAME Joseph Lehnhoff

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Nellie Joynes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Son, John L. Smith

(Address) 5501 Oswald Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date 11/3 37

19. UNDERTAKER Chas. H. Draper & Son

(Address) 115 W. Mt Royal Ave

20. FILED 19 Huntington Williams Registrar.

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13- 1937 to 11-1- 1937

I last saw h. es alive on 11-1- 1937 Death is said to have occurred on the date stated above, at 11 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic encephalitis	10-10
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) I. Wallenstein M. D.

(Address) Sydenham Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10534

40534 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10534

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hospital
CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Gemmill

If U.S. Veteran specify WAR None

(a) Residence: No. 1605 Llewellyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 27-1923

7. AGE: Years 14 | Months 0 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools.
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore - Md.

FATHER
13. NAME: Harris Gemmill.
14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER
15. MAIDEN NAME: Elizabeth Patterson
16. BIRTHPLACE (city or town) (State or country): Balto - Md.

17. INFORMANT: Mrs. Elizabeth Gorman.
(Address): 1605 Llewelyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland Park Cem. Date: Nov. 3- 37

19. UNDERTAKER: Charles J. Schwab
(Address): 505 N. Monroe St.

20. FILED: Huntington Williams Registrar

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1937 to Oct 31, 1937
I last saw her alive on Oct. 31, 1937 Death is said to have occurred on the date stated above, at 1 1/2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	ca. 10-14-37
Rheumatic Heart Disease	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gilbert E. Rudeman M. D.
(Address) St. Joseph's Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

40535 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 40535

CERTIFICATE OF DEATH

27890 JS 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hospt. St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Tauber (John F. Tauber)

If U. S. Veteran specify WAR

(a) Residence: No. 305 N. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 23, 1858 8-21-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	11 X 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Broom Maker none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blind School 1885

10. Date deceased last worked at this occupation (month and year) Oct. 1936

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

FATHER

13. NAME John Frederick Tauber

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

MOTHER

15. MAIDEN NAME Catherine Schaefer Schaefer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Nov. 2 1937

19. UNDERTAKER Lee Block (Address) 1003 E. Baltimore St.

20. FILED NOV 2 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1937 to October 31, 1937

I last saw him alive on October 31, 1937. Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	[illegible]

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. DeLauter M. D.

(Address) Baltimore City Hospitals

Instructions should be carefully supplied. Any omission or error should be supplied. PRINTING should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

40536 HEALTH DEPARTMENT—CITY OF BALTIMORE 40536

CERTIFICATE OF DEATH

14-2 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Eutaw Place St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Adler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1718 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Frank Adler

6. DATE OF BIRTH (month, day, year) Aug. 11, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Adler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Frank

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. Harry Adler, 1718 Eutaw Place.

18. BURIAL, (CREMATION OR REMOVAL)
Place Balto. Hebrew Cem. Date Nov. 3, 1937

19. UNDERTAKER Harry Sonnheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19 .....
Registrar.

Nov 2 1937 Harry Sonnheim & Son

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1934 to Nov 1st, 1937.
I last saw h.. alive on Oct 31, 1937. Death is said to have occurred on the date stated above, at 3-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	1934

Other contributory causes of importance:

Coronary Thrombosis	14 days
Cerebral Hemorrhage (or) Pulmonary Edema	36 hrs 12 hrs.

Was an operation performed? none Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10537

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-1 Ward)

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 505 N. Central ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Loretta

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 8 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME [illegible] Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Raynor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Loretta Johnson Records
505 N Central JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Nov. 3rd 1937

19. UNDERTAKER Bryson Mamie K. Wright

(Address) 1201 McCulloh St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Oct 30, 1937

I last saw h[illegible] alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/27/37

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 2 [illegible]

F 10538 — Grave 126 F 10538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Front St S. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. Brewer

If U. S. Veteran specify WAR

(a) Residence: No. 4 N. Front St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Blake

(Address) 4 N Front St

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY NOV 2 - 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED NOV 2 - 1937 by the Washington Funeral Director

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Lloyd, M. D.

Coroner

(Address) 1331 North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Volume #25 F 40539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40539

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital — Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Nelson

(a) Residence: No. unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	unk

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) about 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT (Address) Police Records W. E. Station

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date NOV 2 - 1937

Commissioner of Health

19. UNDERTAKER (Address) Per W. A. Moore

Huntington Williams, Registrar

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Cerebral Apoplexy	?

Other contributory causes of importance: —

Was an operation performed? no Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) George L. Allen M. D.

(Address) 5507 Loraine St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40540

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 Forrest St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Wilson

(a) Residence: No. 333 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced (or) WIFE of Henry Wilson

6. DATE OF BIRTH (month, day, year) May 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Mickey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pearl Stolson (niece)
(Address) 309 S. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov. 3 1937

19. UNDERTAKER Robert L. Young
(Address) 804 W. Caroline St.

20. FILED Huntington Williams, N.P. Nov 2 - 1937 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937 to Oct 30, 1937

I last saw her alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 8:30 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	Jan '37
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb 37

For what disease or injury?

gastric carcinoma

What test confirmed diagnosis? pathological Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. L. Howard M. D.

(Address) 1502 E. Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10511

HEALTH DEPARTMENT—CITY OF BALTIMORE

10511

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1848 W Saratoga St 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David A. Johanson

(a) Residence: No. 1848 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret L. Johanson

6. DATE OF BIRTH (month, day, year) July 17 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden.

FATHER

13. NAME Gustaf A Johanson

14. BIRTHPLACE (city or town) (State or country) Sweden.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Margaret L. Johanson
(Address) 1848 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Date Nov 4th 1937

19. UNDERTAKER Bernard C. Hanke
(Address) 121 E West St

20. FILED Huntington Williams NOV 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26 1936 to Oct Nov 1 1937

I last saw him alive on Oct 24 1937. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage. — Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Mic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard C. Brach, M. D.
(Address) 2229 St Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40542

CERTIFICATE OF DEATH 27871 MB 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME ~~John Doe~~ John H. Neu

If U. S. Veteran specify WAR .....

(a) Residence: No. 2760 Tivoli Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theckle

6. DATE OF BIRTH (month, day, year) 10/21/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy & Treas.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picture Frame Fact

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Neu

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine [illegible] Ahrig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 4 1937

19. UNDERTAKER Mr & Mrs John W. Teufel Son

(Address) 801 W. Fayette St

20. FILED NOV 4 1937 H. E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1937, to November 1, 1937

I last saw him alive on November 1, 1937. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautalle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2-1937

V8 3

F 40543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40543

CERTIFICATE OF DEATH

92-a

Registered No. 21-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Parkin St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriet L. Wilson

(a) Residence: No. 606 Parkin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Wilson

6. DATE OF BIRTH (month, day, year) Oct 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 79	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME David Seymour

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George W. Wilson

(Address) 606 Parkin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ant. Olivet Date Nov 4 1937

19. UNDERTAKER Mr. & Mrs. John W. Riegel Son

(Address) 501 W. Fayette St.

20. FILED ... 19... Registrar.

NOV 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Nov 1 1937

I last saw her alive on Nov 1 1937 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation due to	6-1-37
Other contributory causes of importance: Dropsy	10-1-37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signature) Chas Hurd Davis M. D.

(Address) 1 West Read St

F

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10544 E 10544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 W. Cross St. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa B. Hainke

U. S. Veteran (specify WAR)

(a) Residence: No. 767 W. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Operator (M.S. Levy)

10. Date deceased last worked at this occupation (month and year) Oct 30/37

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Hainke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Marx

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leonora Hainke

(Address) 707 W. Cross

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 4 1937

19. UNDERTAKER Mrs. John W. Tuppel & Son

(Address) 201 W. Lanvale St.

20. FILED Nov 2 1937 Registrar

V 6 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E.R. Ogden M. D.

(Address) 2757 N. Mon. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40545 36469

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. 7-5-95-B

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Mesgans — If U. S. Veteran specify WAR

(a) Residence: No. 330 North St - Rear St., Ward Johns St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/22/19

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Mitchel Mesgans

14. BIRTHPLACE (city or town) (State or country) N-Y-

MOTHER

15. MAIDEN NAME Belle Bone

16. BIRTHPLACE (city or town) (State or country) N-Y-

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov 7, 1937

19. UNDERTAKER Fred W Ozazewski (Address) 1930 Eastern Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1937, to Nov 1, 1937

I last saw him alive on Nov. 1, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous septicemia	Indefinite
Cerebral embolism	Oct 23
Bacterial endocarditis	
Rheumatic heart disease	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter B. Buck, M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40546

F 40546 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W West St. 21-1 Ward)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Drummond

(a) Residence: No. 508 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Spencer Drummond

6. DATE OF BIRTH (month, day, year): Mar 16 1917

7. AGE: Years: 20 | Months: 7 | Days: 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Days Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nursing
10. Date deceased last worked at this occupation (month and year): Aug - 37
11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Fontigue Virginia

FATHER
13. NAME: John Moore
14. BIRTHPLACE (city or town) (State or country): Fontigue Virginia

MOTHER
15. MAIDEN NAME: Sadie Cain
16. BIRTHPLACE (city or town) (State or country): Fontigue Virginia

17. INFORMANT: Spencer Drummond
(Address) 508 W West

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Nov 3rd 1937

19. UNDERTAKER: Chas C Wilson
(Address) 440 Broadway

20. FILED NOV 2 - 1937 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937 to Oct 31, 1937

I last saw her alive on Oct 30, 1937 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	Aug-19

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Drummond M. D.

(Address) 1112 6th Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 40547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40547

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Ritter

(a) Residence: No. 5501 Ritter Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Ritter

6. DATE OF BIRTH (month, day, year) June 11th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) Oct 31st 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Ritter

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Maria Mussa

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Marie Ritter
(Address) 5501 Ritter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov. 4. 1937

19. UNDERTAKER Fredk Lazenby & Son
(Address) 740 Belair Rd.

20. FILED Nov 4 1937 Wm. Livesay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Hypertension	
Other contributory causes of importance:	
Diabetic Coma — Cerebral Apoplexy	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Ahrenbeck, M. D.
Coroner

(Address) 1915 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10548 F 10548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 13676--(37-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 6-4 Ward) Life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hobson

If U. S. Veteran specify WAR

(a) Residence: No. 13 N. Washington St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 5-7-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Millie Tracy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balt. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 2 - 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED NOV 2 - 1937 Registrar

3592 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to October 24, 1937

I last saw him alive on October 24, 1937. Death is said to have occurred on the date stated above, at 12:10 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santella M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2-1937

F 40549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40549

CERTIFICATE OF DEATH

157-9

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Md General Hospital St. 11-W)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Mary DeBaugh

(a) Residence: No. 1 Upper Penn Pikesville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5 '37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Gen Hosp Baltimore Md

FATHER

13. NAME Charles Wesley DeBaugh

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Alberia Randall

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Charles DeBaugh

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Chapel Date Nov 4 '37

19. UNDERTAKER Frank A. Heuisler

(Address) Pikesville Md.

20. FILED ... 19... Registrar.

NOV 2-1937

Huntington Philadelphia, Pa.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1937, to Nov 2, 1937

I last saw her alive on Nov 2, 1937. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis,	10-28-37
Adynamic ileus	10-27-37
Septicemia	10-30-37
Other contributory causes of importance:	
Tetanus neonatorum	10-25-37

Was an operation performed? Yes Date of 10-28-37

For what disease or injury? Pyloric Stenosis

Name of operation Pyloroplasty

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Md General Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10550

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ Dr. Zysank
801 N. Linwood Ave

F 10550

CERTIFICATE OF DEATH

46-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N. Linwood Ave. St., 7 - Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Block

If U. S. Veteran specify WAR .....

(a) Residence: No. 701 N. Linwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2nd 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tube Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Herman Block

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Emma Perria

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. Ida Adams
(Address) 701 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood entry Date 11/4 1937

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED NOV 2 - 1937 [illegible] Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Nov 2 1937

I last saw him alive on Nov 2 1937. Death is said to have occurred on the date stated above, at 12 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	May 37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eccleas Ryzanek M. D.

(Address) 801 N. Linwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40551

F 40551 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Hanover St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME George Carter

(a) Residence: No. 626 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ethel Still

(Address) 420 Milvean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pro Calvary, Date N/4/37.

19. UNDERTAKER Wm. E. Jackson

(Address) 916 Fremont Ave

20. FILED NOV 5 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Found dead 11 a.m.

	Date of onset
Peritonitis due to knife stab wound in upper abdomen,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide homicide Date of injury 10/30, 1937

Where did injury occur? Unknown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Knife stab in upper abdomen

Nature of injury Caused bleeding & death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kraus Cramer M. D.

(Address) 1215 Hanover

V S 6

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40552

F 40552

CERTIFICATE OF DEATH

93-c

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 McCulloh ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Fisher Jones

(a) RESIDENCE NO. 2531 McCulloh ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: w

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian E. Butler

6 DATE OF BIRTH (month, day, and year): Sept 24 1885

7 AGE: Years 52 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher of 6B

(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Jeffrey Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lavinia B. Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Lillian E. Jones (wife)

(Address) 2531 McCulloh St.

15 Filed Oct 31, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31st 1937.

17 I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1937, to Oct 31st, 1937, that I last saw h[e] alive on Oct 31st, 1937, and that death occurred, on the date stated above, at 3½ a. m.

The CAUSE OF DEATH* was as follows:

Hypertension Myocarditis

acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. Butler, M. D.

11/2, 1937 (Address) 2035 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 11-3-1937

20 UNDERTAKER: John M. Johnson

ADDRESS: 1709 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

10553

10553

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

Registered No. 131

CITY OF BALTIMORE: (No.) 2 St. 27-40 Ward

(If death occurred in a hospital or institution, give its NAME instead of street ~~and number~~.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Israel Epler

(a) Residence: No. 5201 Ready Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sylvia

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 33; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Romania

FATHER

13. NAME Israel Epler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sylvia Epler
(Address) 5201 Ready ave.

18. BURIAL, CREMATION, OR REMOVAL Pikesville. Date 11/3/37, 19

19. UNDERTAKER Act Funeral Inc
(Address) 1737 E. Baltimore St.

20. FILED NOV 3 - 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 2 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct - 28 - , 1937 to Nov - 2 - , 1937

I last saw him alive on Nov - 2 - , 1937. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1935
Hypertensive Cardiovascular Disease	1935
Uremia	Oct - 25 - 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred S Schwark M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10551 HEALTH DEPARTMENT—CITY OF BALTIMORE 10551

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. Sinai Hospital St. 1-5 Ward)

Registered No. 94-B

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Tepper

If U. S. Veteran specify WAR

(a) Residence: No. 2115 E. Lombard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Tepper

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 11-3-37 19

19. UNDERTAKER Jacob Levin Son

(Address) 1737 E. Baltimore St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-37 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937 to 11-2-37 19

I last saw him alive on 11-2-37 19 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset Oct 10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irwin Sanber M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

NOV 3 - 1937 Washington Funeral Home, Inc.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40555

CERTIFICATE OF DEATH

F 40555

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 41 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Frame

(a) Residence: No. 2303 W. North Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosy

6. DATE OF BIRTH (month, day, year) March 20 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Frame

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Drosny Simor

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Frame

(Address) 2303 W. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Young Men Cemetery Date Nov. 3 19 37

19. UNDERTAKER Sol. Levinson & Bro.

(Address) 1124-26 W. North ave

NOV 3

19. FILED ... 19 ... Registrar.

1681-1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 , 1937 to Nov. 1 , 1937

I last saw him alive on Nov. 1, 1937 Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	4/37
Other contributory causes of importance: Myocardial Insuff.	10/30/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... , 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm. S. Edwards M. D.

(Address) 1 Sinai Hosp.

Note the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40556

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Burgundy St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip K. Stewart

U. S. Veteran specify WAR

(a) Residence: No. 1104 Burgundy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 13, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thom. Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Evans

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Louise Stewart

(Address) Lorraine Ave. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 4 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held personal Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry died that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lober Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2257 N. Mon

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40557 F 40557

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Windermere Ave. St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNA T. GILL

(a) Residence: No. 1718 Windermere Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department store

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Franz Gill

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Sander

16. BIRTHPLACE (city or town) (State or country) Hanover, Germany

17. INFORMANT Francis Gill

(Address) 1718 Windermere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 4, 1937

19. UNDERTAKER John Ulbrich

(Address) 2008 Calvert St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from September, 1937 to Nov. 1 1937

I last saw h alive on November 1, 1937 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. G. Burn M. D.

(Address) 716 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 3-1937 Huntington Williams, N.Y.

516

Spec. 1-10-21 M&T 1500 Blks.

Frances Jackson Burley

HEALTH DEPARTMENT—CITY OF BALTIMORE

40558

CERTIFICATE OF DEATH

F 40558

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1112 Laurens ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Jackson Burley (Frances Jackson Burley)

(a) RESIDENCE NO. 1112 Laurens ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Burley

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 34 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George Jackson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Jackson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): George Burley

15 Filed NOV 3 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct 30 1937 to Nov 2 1937

that I last saw h[illegible] alive on Nov 2 1937

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

(Address) 303 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cooksville Md

DATE OF BURIAL: 11/4 1937

UNDERTAKER: J. E. Nelson

ADDRESS: 1303 Eastern

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10559

F 10559 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Female 28-1 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hayward & Rogers St. 28 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Garland Fritts

(a) Residence: No. Hayward and Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May A. Fritts

6. DATE OF BIRTH (month, day, year) Sept. 29, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation M. yrs.

12. BIRTHPLACE (city or town) (State or country) Boyden County Virginia

FATHER

13. NAME Charles A. Fritts

14. BIRTHPLACE (city or town) (State or country) Boyden County Virginia

MOTHER

15. MAIDEN NAME Ollie A. Henry Fritts

16. BIRTHPLACE (city or town) (State or country) Boyden County Va

17. INFORMANT Charles W. Fritts
(Address) Mt. Vernon & Spring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Front Royal, Va. Date Nov 5, 1937

19. UNDERTAKER Wm. J. Dickey & Sons
(Address) North & Paca Sts

20. FILED 19 (Registrar)

NOV 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to Nov 3, 1937

I last saw him alive on Nov - 2, 1937 Death is said to have occurred on the date stated above, at 4.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	May 1937
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis Unknown Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Nichols, M. D.

(Address) Pikesville Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10560 HEALTH DEPARTMENT—CITY OF BALTIMORE 10560

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George C. Eichelberger

(a) Residence: No. 3606 Clipper Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Martha Eichelberger

6. DATE OF BIRTH (month, day, year) (?) 9/18/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Painter)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (City or town) Balto (State or country) Maryland

FATHER

13. NAME John Louis Eichelberger

14. BIRTHPLACE (city or town) (?) Balto (State or country) Md

MOTHER

15. MAIDEN NAME (?) Elizabeth Glasgow

16. BIRTHPLACE (city or town) (?) Balto (State or country) Md

17. INFORMANT George A. Eichelberger
(Address) 3606 Clipper Rd

18. BURIAL, CREMATION, OR REMOVAL
Final Loudon Park Date Nov 4 1937

19. UNDERTAKER Wilhom Cook
(Address) 1217 E Oriole St

20. FILED NOV 3 - 1937 19 E. J. Mitchell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937 to Nov. 1, 1937

I last saw him alive on Nov. 1, 1937. Death is said to have occurred on the date stated above, at 10:13 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	(?)
Generalized Arteriosclerosis	(?)
Bronchopneumonia	10/21/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D. Sunday M. D.
(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10561

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Clinton Wolfe

(a) Residence: No. 4239 Seidel Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine H. Wolf

6. DATE OF BIRTH (month, day, year) 7/18/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 ~~65~~ 64	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas. Wolfe

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sophie Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 11-5 1937

19. UNDERTAKER (Address) Wilson Conk ... Ave

20. FILED ... 19... Washington ... Ave

NOV 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-6 1937 to 11-1 1937

I last saw him alive on 11-1 1937 Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	3 weeks
Chronic Nephritis	2 years
Bladder Stone	2 years
Other contributory causes of importance: Entero-Vesical-Cutaneous fistula	2 years

Was an operation performed? yes Date of 10-21-37

For what disease or injury? Entero-vesical-fistula

Name of operation colostomy

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No ... If so, specify ...

(Signed) F. Carpenter M. D.

(Address) Balto. City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10562

HEALTH DEPARTMENT—CITY OF BALTIMORE

10562

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 5904 York Road

CITY OF BALTIMORE: (No. ..... St., 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Isabella Elizabeth Stewart No Record

(a) Residence: No. 5904 York Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Alexander J. Stewart

6. DATE OF BIRTH (month, day, year) February 16 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME William B Stuart

14. BIRTHPLACE (city or town) Edinburgh Scotland (State or country)

MOTHER

15. MAIDEN NAME Hannah Breed

16. BIRTHPLACE (city or town) London England (State or country)

17. INFORMANT William H. Stuart

(Address) 5904 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 11/4 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED NOV 4 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from November 9 1935 to November 2 1937

I last saw her alive on November 2 1937 Death is said to have occurred on the date stated above, at 9.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Hypostatic pneumonia	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Bobertz M. D.

(Address) 6010 York Road.

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40563

CERTIFICATE OF DEATH

V 94-3 cc

Registered No. 1872

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 419 S. Bond St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 7 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify War No Record

2. FULL NAME Charles W. Ludwig
(a) Residence: No. 419 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Augusta Ludwig

6. DATE OF BIRTH (month, day, year) March 15 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Jacob Ludwig
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Wille
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George H. Coon
(Address) 232 E. Eliza St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 4th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to I his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	1 Year
Other contributory causes of importance Alcoholism, Indigestion, Obesity, Senile Decay	Some time

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 E. Baltimore St.

V 5 6

(Information called for on both sides of this certificate is necessary for the completion of the record and should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

F 40564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40564

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 27-13 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Emma Councilman

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~single~~, widowed, ~~or divorced~~ (or) WIFE of Carroll Councilman

6. DATE OF BIRTH (month, day, year) July 4th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Bamberger

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Sarah Stansbury

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Record of (Address) Home for Aged of M. E. Church

18. BURIAL, CREMATION, OR REMOVAL Councilman's Burying Ground Date Nov 3rd 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1937 to Oct Nov 1 1937

I last saw her alive on Oct 31 1937 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance: Hypertension Chronic

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George G Brown M. D.

(Address) 700 Fullerton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

E 40565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40565

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Ashland Ave. St. 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Givvines

If U. S. Veteran specify WAR .....

(a) Residence: No. 1620 Ashland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret M. Givvines

6. DATE OF BIRTH (month, day, year) Nov. 6, 1871.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	66	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William L. Givvines

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Vestire Andrews

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Evelyn E. Gribel.

(Address) 1620 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park cem. Date Nov. 4 1937

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Nov 1 1937

I last saw him alive on Nov 1 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Hypertension

Diabetes

Date of onset
July 1 37

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Ted Runyard M. D.

(Address) 1620 Ashland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Huntington, West Virginia

F 40566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40566

27596 - KIN

CERTIFICATE OF DEATH

3-4-[illegible]-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wm. Peter Klein

(a) Residence: No. 2501 Smith Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 8/27/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Nov. 5 1937

19. UNDERTAKER George W. Zinkan
(Address) 1737 E. Eager St

20. FILED ... 19 ... (Registrar) ... (Deputy Registrar)

NOV 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1937, to November 2, 1937

I last saw him alive on November 2, 1937. Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease [illegible]	
Other contributory causes of importance: Bronchopneumonia	11-1-37

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lamballe M. D.
(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40567

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2705 Eastern Ave. St., 3 Ward)

Registered No. 1972

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Louis Donaldson

(a) Residence: No. 2705 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or, ~~WIFE of~~) Wilhelmina K. Donaldson

6. DATE OF BIRTH (month, day, year) Oct. 9 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation, month and year About 4 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Md

FATHER

13. NAME C. Donaldson

14. BIRTHPLACE (city or town) (State or country) Oxford Md.

MOTHER

15. MAIDEN NAME Martha Lees

16. BIRTHPLACE (city or town) (State or country) Oxford Md

17. INFORMANT Mrs. I. F. Young (daughter)
(Address) 2835 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date Nov. 3. 1937
Place

HENRY SANDER & SONS, INC. Henry F. Sander.

19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest or Inquiry or Inquiry)
deemed by said Inquiry find that said deceased came (Inquest or Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	2 years
Other contributory causes of importance: Hernia right inguinal	4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broad St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

10568 V E 10568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27141 51-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Sandford

(a) Residence: No. 1507 E. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 6-12-1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL NOV 3 - 1937 Date ..... 19..
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Myers
(Address)

20. FILED Huntington Williams, M.D.
NOV 3 1937

3593

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937 to October 25, 1937

I last saw him alive on October 25, 1937. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder (Contributory)	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fr. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

10563 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 10563

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 12-5 Ward)

Length of residence In city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ignatius J. F. Burns

If U.S Veteran specify WAR ....

(a) Residence: No. 1817 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Catherine Kellum

6. DATE OF BIRTH (month, day, year) ---

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
73	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph Burns

14. BIRTHPLACE (city or town) (State or country): --- Ireland

MOTHER

15. MAIDEN NAME: Margaret Ennis

16. BIRTHPLACE (city or town) (State or country): --- Ireland

17. INFORMANT: Mrs. Leo J. Kelly
(Address) 1817 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 11/5 1937

19. UNDERTAKER Henry H. Mears & Son
(Address) 805 N. Calvert St.

20. FILED NOV 3 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1937 to Nov 2, 1937

I last saw h— alive on Nov 2, 1937 Death is said to have occurred on the date stated above, at 7 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 Wk
Chronic Myocarditis with Auricular fibrillation ?	
Other contributory causes of importance:	
Chronic Nephritis	?
	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.
(Address) St. Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact medical OCCUPATION is very important. See instructions on back of certificate.

✓ F 40570

40570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 North Caroline St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Lifetime mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Dunn

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 North Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Catherine L. Dunn

6. DATE OF BIRTH (month, day, year) May 6, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Bank Teller)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Dunn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Susan Coulter

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Mr. William Dunn
(Address) 1631 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 5, 19 37

19. UNDERTAKER Chas. R. Francis & Son
(Address) 118 W. Mt. Royal Ave

20. FILED Nov. 8, 19 37 Herrington Williams, M.D.
Registrar

8 - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Unk, 1931, to Nov 2, 19 37

I last saw h[illegible] alive on Nov 2, 1937. Death is said to have occurred on the date stated above, at 1300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer Glomerulo Nephritis (Uremia)	1920
Cardio Vascular	
Hypertension	1934
(Hypertension)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. B. Cumbler Jr. M. D.

(Address) 3918 N. Charles St

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION in very important. See instructions on back of certificate.

F 40571

40571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-V

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 403 S. Bond St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Frank Wassef

(a) Residence: No. 403 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing Plant

10. Date deceased last worked at this occupation (month and year) Recent

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Syria

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eastern District Police

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date NOV 3 - 1937 19

Commissioner of Health

19. UNDERTAKER Bosgrave Funeral Home

(Address) For H. A. Moore

20. FILED ... 19 ... Registrar

V 3 - 1937

V S 8

8593

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	17 Yrs.
Other contributory causes of importance: Alcoholism, Arteriosclerosis	2 Years

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 E. Broad St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40572

40572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Ruxton Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Winternitz

If U. S. Veteran specify WAR

(a) Residence: No. 1701 Ruxton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of L. Charles Winternitz

6. DATE OF BIRTH (month, day, year) Dec. 16, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sigmund Kittner,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Dreyfuss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. D. Bacharach, 1701 Ruxton Ave.

18. BURIAL, ~~CREMATION, REMOVAL~~ Place Balto. Hebrew Cem. Date Nov. 4, 1937

19. UNDERTAKER (Address) Harry Sonnheim & Son 1902 Eutaw Place

20. FILED NOV. 2 - 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937 to Nov 2nd, 1937

I last saw h.. alive on Nov. 1st, 1937. Death is said to have occurred on the date stated above, 3.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast (left)	Jany 1937
Other contributory causes of importance: Liver metastases	Sept/37
Arteriosclerotic heart disease	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — What test confirmed diagnosis? Clinical picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40573

1. PLACE OF DEATH Baltimore City Hospitals 159 a c — Registered No. 1872
CITY OF BALTIMORE: (No. Bay View St. 26-12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Cruz Baby Girl
(a) Residence: No. Soldiers Fld. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 28-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Soldiers Fld

FATHER
13. NAME Cornelius Cruz
14. BIRTHPLACE (city or town) (State or country) Puerto Rico

MOTHER
15. MAIDEN NAME Annie Lee
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Cornelius Cruz (Father)
(Address) Soldiers Fld

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL NOV 3 - 1937
CORONER'S OFFICE

19. UNDERTAKER
(Address) Per H. A. Moore Hamilton Funeral Home NB

20. FILED Nov 3 1937 Registrar
3594 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence secured by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (8 Months)	1 day
Defective Circulation	
Other contributory causes of importance: About 8 Months	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify City or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D. Coroner
(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C.ADN

Dr. Hubert C. Blake - mid-state Blvd.

V F 10571

10571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3426 St Ambrose Ave. Ward) 27-16

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas W. Ireland

(a) Residence: No. 3426 St Ambrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amy A. Ireland

6. DATE OF BIRTH (month, day, year) Feb 14, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John T. Ireland

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Sarah E. Alcock

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Amy A. Ireland

(Address) 3426 St Ambrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Date Nov. 5 1937

19. UNDERTAKER Thenguerd & Son

(Address) 3615 Christian Ave

20. FILED NOV 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25. 1937 to Nov. 2. 1937

I last saw him alive on Nov. 2. 1937. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 25. 37
Other contributory causes of importance: age	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert C Blake M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-3-1937 H

E 10575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10575

CERTIFICATE OF DEATH

√48

Registered No. W 2640

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Arlington Ave. St. W-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roberta Powell

If U. S. Veteran specify WAR

(a) Residence: No. 819 N. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Powell

6. DATE OF BIRTH (month, day, year) April 28, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsborough, N.C.

FATHER

13. NAME John McPherson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Lonnie Upsom
(Address) 819 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chapelle, N.C. Nov 4, 37

19. UNDERTAKER Mrs Katie P Williams
(Address) 322 N. Schroeder St

20. FILED Nov 1 - 1937 Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1937 to Nov 1, 1937

I last saw her alive on Nov 1, 1937 Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	July (illegible)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm H. Watts M. D.

(Address) 515 N. Arlington Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 40576 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40576

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH.
CITY OF BALTIMORE: (No. 2727 E Pratt St., 1-5 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frieda Austerlitz

(a) Residence: No. 2727 E Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Solomon

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Schwartz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Fannie —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Austerlitz
(Address) 2814 Rockrose ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Date 11/4/37 19...

19. UNDERTAKER H. Levinson & Bros
(Address) 1124-26 W North ave

20. FILED Hamilton Williams, M.D.
NOV 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from October 27 . 1937 to Nov 3 rd . 1937
I last saw her alive on Nov 3 . 1937. Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage (at right internal capsule)	Oct 27th
Other contributory causes of importance: —	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? clinically Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no ... If so, specify —

(Signed) Benjamin Pusheuri M. D.

(Address) 2338 Eutaw pl.

OCCUPATION is very important. See instructions on back of certificate.

F 40577

F 40577 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 27-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Upnor Rd. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry C Schlueter

(a) Residence: No. 210 Upnor Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna P. Schlueter

6. DATE OF BIRTH (month, day, year) Mar 5 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or county) Bolle-Lippe Dermold (State or country) Germany

MOTHER FATHER

13. NAME Henry Schlueter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jess Obermann

(Address) 210 Upnor Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 5, 37

19. UNDERTAKER C. B. Tippett & Sons

(Address) 3rd Entrance Pure

20. FILED 19 Registrar

NOV 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came

deceased by said his death on the day stated above.

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T Carey, M. D.
Coroner

(Address) Parsonage

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. - 1-10-21 - M&T - 1500 Blks.

40578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40578

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2809 Erdman Ave. 8-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie E. Tipton

(a) RESIDENCE NO. 2809 Erdman Ave. ST., WARD No War Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74. yrs. mos. ds. How long in U. S., if of foreign birth? 74. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Mr. Howard R. Tipton

6 DATE OF BIRTH (month, day, and year) March 9, 1863

7 AGE: Years 74, Months 7, Days 25. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John H. Sipple

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sara Pettit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: H. R. Tipton

(Address): 2809 Erdman Ave

15 Nov 4 1937 19 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1937

17 I HEREBY CERTIFY, That I attended deceased from May 1937 to Nov. 3 1937

that I last saw her alive on Nov 3 1937

and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Renal Disease.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis S. Llewellyn, M. D.

, 19 (Address) 3711 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: 11/6 1937

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 E. Fayette St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 10579

10579)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Willian Thomson (20123)

If U. S. Veteran specify War No Record

(a) Residence: No. 1900 Maryland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Marriec

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Belnitte

6. DATE OF BIRTH (month, day, year) Jan. 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Arundel Ice Cream Co

10. Date deceased last worked at this occupation (month and year) Nov 1935

11. Total time (years) spent in this occupation 6yrs

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME ? William Thompson

14. BIRTHPLACE (city or town) (State or country) ? Norway

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Norway

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 4th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED NOV 4 1937 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1937 to November 1, 1937

I last saw him alive on November 1, 1937 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Dec. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40580

CERTIFICATE OF DEATH

94-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Brookfield Ave) (Ward) 3-7

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 27 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Sol.

(a) Residence: No. 2227 Brookfield Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Sol
(Address) 400 Read St.

18. BURIAL, CREMATION, OR REMOVAL Mt. P. & Jewish Hebrew Date 10/4/37 19

19. UNDERTAKER Jos. Levy Sons
(Address) 1437 E. Balto St.

20. FILED ... 19 ... Registrar.

OCT - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936 to Oct 3rd, 1937

I last saw h... alive on Oct 3rd, 1937 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	
Cardiac Debility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? / Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) M. Shadeck M. D.

(Address) 2226 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

F 40581

F 40581 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-8 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte R. Brenize

(a) Residence: No. 2064 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Brenize

6. DATE OF BIRTH (month, day, year) March 16 87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis Aengst

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosina Drechsler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. H. Brenize

(Address) 2064 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date 11/4/37

19. UNDERTAKER Harry H. Routzahn

(Address) 4147 Edmondson ave

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, thereon and from the evidence (Inquest, Autopsy or Inquiry) died that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan Sinusitis	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? Yes Date of 11/1/37

For what disease or injury? Sinusitis

Name of operation Sinusectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Schreiber M. D.

Coroner

(Address) 9172 Pontiac Ave

VS 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40582

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. St., Hosp. Ward) 10-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 2 39 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F. M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Opera Singer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam, Rat Factory.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairfield Pa

FATHER

13. NAME John Peters

14. BIRTHPLACE (city or town) (State or country) Fairfield Pa

MOTHER

15. MAIDEN NAME Margaret Dick

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) So Balto Gen Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Nov. 8, 1937

19. UNDERTAKER S. L. Gillson (Address) Emmitsburg Md.

20. FILED NOV 4 - 1937 Registrar. Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1937, to 11-4, 1937.

I last saw her alive on 11-3, 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Upper Rt. Lobar pneumonia	1928
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Elton Reamer M. D.

(Address) South Balto. Gen. Hosp.

STATE REGISTRAR OF DEATHS IN PLAIN LETTERS IN INK. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10583

HEALTH DEPARTMENT—CITY OF BALTIMORE

10583

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Patrick Hawkins

(a) Residence: No. 811 Caton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hawkins

6. DATE OF BIRTH (month, day, year) July 22 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick H. Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary Leary

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Sarah B. Hawkins

(Address) 811 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 6 1937

19. UNDERTAKER Tully & Sullivan

(Address) 1201 Eutaw Place

Hunter Williams, M.D.

Registrar

20. FILED NOV 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937, to November 2, 1937.

I last saw h.im alive on November 2, 1937. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	?
Arteriosclerotic Cardio-Vas-Renal Dis.	?
Bronchopneumonia	Oct 17th

Other contributory causes of importance:

Acute Distention	Oct 30th
Benign Hypertrophy of Prostate	?

Name of operation None Medical Date of 4 yrs

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel Leo. Wilkens M. D.

(Address) St. Agnes Hospital

V S 3

Information asked for on this certificate is necessary for the registration of vital statistics. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10584

10584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Atkins

(a) Residence: No. 1218 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laura Atkins

6. DATE OF BIRTH (month, day, year) Feb 28, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom House guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Laura Atkins

(Address) 1218 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mowland Park Date 11/5, 1937

19. UNDERTAKER Richard F. Gurley

(Address) 700 E. North ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound Head.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 11/2, 1937

Where did injury occur? 1218 E. Chase St. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot himself in head with a revolver

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1419 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6 - 1937 Huntington Pictures, N.Y.

F 40585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40585

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 Homal Ave St. 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter L Myers

(a) Residence: No. 649 Homal Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Ellen

6. DATE OF BIRTH (month, day, year) Dec 10 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Merchandise

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Jacob Myers sr

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Proctor

16. BIRTHPLACE (city or town) Balto. Co
(State or country)

17. INFORMANT Mrs Myers
(Address) 649 Homal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 5 1937

19. UNDERTAKER Richard F. Gruber
(Address) 2002 Hoffman Ave

20. FILED Nov 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1937

22. I HEREBY CERTIFY, That I attended deceased from August 21 1937 to November 2 1937

I last saw him alive on Nov 2 1937 Death is said to have occurred on the date stated above, at 2.30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia acute d/t Chronic myocarditis	
	1937

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm N Barney M. D.

(Address) 1501 E Monument

OCCUPATION is very important. See instructions on back of certificate.

F 40586 F 40586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 Greenmount St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss C. Harris

If U. S. Veteran specify WAR

(a) Residence: No. 642 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Harris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles City Va

FATHER

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) James City Va

MOTHER

15. MAIDEN NAME Mary Homsby

16. BIRTHPLACE (city or town) (State or country) Charles City Va

17. INFORMANT Mary Harris

(Address) 642 Greenmount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Nov 4, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lafayette St.

NOV 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1937 to Nov 1, 1937.

I last saw h[illegible] alive on Nov 1, 1937 Death is said to have occurred on the date stated above, at 4 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chronic)	1935
Other contributory causes of importance: Appendicitis	?

Was an operation performed? No Date of

For what disease or injury? none

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1557 Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10587

CERTIFICATE OF DEATH

93-C

Registered No. F 10587

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Bolton St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 24 ds. How long in U. S. if of foreign birth 82 yrs. 4 mos. 24 ds.

2. FULL NAME Ferdinand Brauns Focke

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 1718 Bolton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE Rachel H. Focke

6. DATE OF BIRTH (month, day, year) June 10 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edw. L. Focke

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth L. Small

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs R. H. Focke (wife)
(Address) 1718 Bolton St

18. BURIAL, CREMATION OR REMOVAL
Place Greenmount Date Nov. 5 37

19. UNDERTAKER Stewart & Company
(Address) 108 W North ave.

20. FILED NOV 4 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1937 to Nov 3 1937

I last saw him alive on Nov 3 1937. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hypertension	
Arterio-sclerosis	

Other contributory causes of importance

Hemorrhage Intestinal Varicosities
Pulmonary Edema.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Woody M. D.

(Address) 1403 Park ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40588 — CERTIFICATE OF DEATH — 107-a — F 40588

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Generette

(a) Residence: No. 1300 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 07

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clarence Generette

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Briggs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Generette
(Address) 1300 Orleans St

18. BURIAL, CREMATION, OR REMOVAL.
Place Date 1937

19. UNDERTAKER
(Address)

NOV 6 - 1937 Huntington Williams, N.P.
Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937 to Nov 1 1937

I last saw her alive on Nov 1 1937 Death is said to have occurred on the date stated above, at p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Other contributory causes of importance: Circulatory failure	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry L. Rigdon M. D.
(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40589 F 40589

CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Calvin Ave St. 12-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Patterson Hanson

If U. S. Veteran specify WAR

(a) Residence: No. 418 Calvin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Churchville Md

FATHER

13. NAME Aquilla Brown Hanson

14. BIRTHPLACE (city or town) (State or country) Churchville Md

MOTHER

15. MAIDEN NAME Elizabeth Middleton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT W. B. Hanson
(Address) 4804 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Churchville Date Nov 5 1937

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) McCulloh & Orchard Sts

20. FILED Nov 6 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26 1937 to Nov 2 1937

I last saw him alive on Nov. 2 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 20 37

For what disease or injury? Carcinoma of Larynx

Name of operation Tracheotomy

What test confirmed diagnosis? Biopsy of tumor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Tilden Howard. M. D.

(Address) 12 E. Eager St.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40590 — 72-a F 40590

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Mott Street St., 5-Ward)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie (Rosa) Richardson (Crear)

(a) Residence: No. 410 Mott Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of James Crear.

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	Apprx. 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Factory

10. Date deceased last worked at this occupation (month and year) Prob.

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Young.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julie Richardson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Esther Musgrove
(Address) 618 Sterling Street

18. BURIAL, CREMATION, OR REMOVAL Int. Calvary Date Nov. 4 1937

19. UNDERTAKER Rife & L. Young
(Address) 804 W. Caroline St.

20. FILED Nov. 4 1937 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937, to Nov 1, 1937.

I last saw (her alive) on Oct 31 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Leukemia (Splenic) — Date of onset unknown

Other contributory causes of importance:

Seminal Fibrinous Pericarditis
Atelectasis of Lung (left lower lobe) — Date of onset unknown

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Typical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St

F 40591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40591

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 13-1 Ward)

Length of residence in city or town where death occurred 13 yrs. — mos. — da. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Morris Taubman

(a) Residence: No. 2406 Lakeview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insects Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Henry Taubman

(Address) Baltimore Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Hebrew Rem Date Nov. 4 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W North ave

FILED NOV 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 / 37. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1937 to Nov. 3/37 19

I last saw h.i.m. alive on Nov. 3/37 19 Death is said to have occurred on the date stated above, at 10:50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left lung	1934?
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jerome Hartz M. D.

(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 40592 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40592

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2374 E. Hoffman St Ward) 9-13

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stroh Jr.

If U.S. Veteran specify WAR

(a) Residence: No. 2374 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Stroh

6. DATE OF BIRTH (month, day, year) July 9 1873

7. AGE: 64 Years | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Stroh

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Magdalina Nuller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Stroh.
(Address) 2374 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Date 11/6/37

19. UNDERTAKER Geo. Heugang & Son
(Address) 32 S. Broadway.

20. FILED Huntington Williams, Registrar

NOV 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/37

22. I HEREBY CERTIFY, That I attended deceased from 10-1 37 to 11-3-37

I last saw him alive on 11-2 37 Death is said to have occurred on the date stated above, at 11 24 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 10-1-37

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Williams M.D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

10593

HEALTH DEPARTMENT—CITY OF BALTIMORE

10593

CERTIFICATE OF DEATH 27935--CM

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-1 Ward)

N. B.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Towson

(a) Residence: No. 105 S. Bond St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-1-1937

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pauline Townson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL cremation 11/3/37

Place Hospital Disposal

19. UNDERTAKER

(Address)

20. FILED NOV 4 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937 to Nov. 1 1937

I last saw her alive on Nov. 1 1937 Death is said to have occurred on the date stated above, at 2-10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles S. Gordland M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

40594

CERTIFICATE OF DEATH

40594

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Light St. St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie Kitosh

(a) Residence: No. 1445 Light St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Kitosh

6. DATE OF BIRTH (month, day, year) March 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Edward Zyder
(Address) 1445 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Nov. 6 1937

19. UNDERTAKER Margaret G. Lynn
(Address) 1432 Light St.

20. FILED Nov 6 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Nov 3, 1937.

I last saw h[illegible] alive on Nov 2, 1937. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Oct 30
Other contributory causes of importance: Chronic Cirrhosis	Several years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 47 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

10595 HEALTH DEPARTMENT—CITY OF BALTIMORE 10595

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital, Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 18 Robert Ave., Catonsville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Willie Williams

6. DATE OF BIRTH (month, day, year) 11-8-1855-

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years), spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co.

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sallie Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Williams

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Westminster

Date Nov. 6, 1937

19. UNDERTAKER Easton Sons & Elliott City, Md.

(Address) .....

20. FILED Nov 6 1937, 19..... Registrar. Huntington Littell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to Nov. 3, 1937

I last saw him alive on Nov. 3, 1937 Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
Myocardial degeneration	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. Walter Sherman M. D.

(Address) 162 Dresden St.

OCCUPATION is very important. See instructions on back of certificate.

10596 HEALTH DEPARTMENT—CITY OF BALTIMORE V 10596

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. X St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ERNEST HARRISON

(a) Residence: No. LAUREL MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie V. Harrison

6. DATE OF BIRTH (month, day, year) 1852

7. AGE: Years 85 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Harrison

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT, Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Md Date 11 5 37

19. UNDERTAKER Floyd Music
(Address) Laurel Md

20. FILED Register for Wicomico Co.

V 4 - 1937 14

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4-37

22. I HEREBY CERTIFY, That I attended deceased from 11-3-37, 19, to 11-4-37, 19

I last saw him alive on 11-4-37, 19 Death is said to have occurred on the date stated above, at 10¼ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIAL Hypertension	
CEREBRAL Hemorrhage Left	
PARTIAL Right Hemiplegia	
BRONCHIAL Pneumonia Bilateral	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? CLINICAL Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. Emmanuel Walker M. D.

(Address) University Hospital

10597 E 10597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Corsuch Avenue St., 9-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CECELIA V. MOORE

If U. S. Veteran specify WAR

(a) Residence: No. 1435 Corsuch Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Moore

6. DATE OF BIRTH (month, day, year) Dec. 13, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas, Maryland

FATHER

13. NAME Patrick Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Finnerty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Moore
(Address) 1435 Corsuch Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 6 1937

19. UNDERTAKER Chas. F. Dawe & Son
(Address) 118 W. Mulberry Royal Place

20. FILED NOV 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1937, to Nov 4 1937.

I last saw her alive on Nov. 3 1937. Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/27/37
Generalized Arteriosclerosis	—

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Sheldon Lockwood M. D.

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

10598 E 10598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Boy Green

(a) Residence: No. 51 Pleasant St Annapolis Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL NOV 4 - 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. Filed NOV 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (About 6 Mo.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. Boreman M. D.
Coroner

(Address) 2757 E Monument

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V 4 - 1937

V 8 6

✓ F 40593

40593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Franklin Square Hosp. Ward 19-D

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: Negro | 5. Single, Married, Widowed, or Divorced (write the word):

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
UNIVERSITY MEDICAL SCHOOL NOV 4 - 1937
Place Date
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. Filed 19 Registrar

4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	10-27.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. J. Kenna M. D.
Coroner

(Address) 18 N. Bond Baltimore St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V S 6

10600

HEALTH DEPARTMENT—CITY OF BALTIMORE

10600

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4111 Woodlea Ave. St. 27-1 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Lapin

(a) Residence: No. 4111 Woodlea Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Lapin

6. DATE OF BIRTH (month, day, year) Jan. 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Henry Kloes

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Lena Haubner

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. Edward Lapin,
(Address) 4111 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov. 5 19 37

19. UNDERTAKER Fidelity Funeral Parlors
(Address) 7401 Belair Road

20. FILED 19 Registrar

NOV 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to Nov 2, 1937

I last saw her alive on Nov 1st, 1937 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	1935
Other contributory causes of importance: Myocarditis Arteriosclerosis	Oct 1937

Was an operation performed? yes Date of 1935

For what disease or injury? Carcinoma Ovary

Name of operation Rem Hysterectomy

What test confirmed diagnosis? Pathologist Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edw. H. Barnes, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

10601 F 10601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-b

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME John Simpson League

(a) Residence: No. 4306 Arabia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie Gozman League

6. DATE OF BIRTH (month, day, year) Sept 12th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 10/2 37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Capt George League

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie B. League

(Address) 4301 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 in Wilmington, N.C.

Registrar

NOV 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1718 E. North Ave.

State CAUSE OF DEATH in plain English. Do not use abbreviations or symbols. See instructions on back of certificate. OCCUPATION is very important.

F 40602

F 40602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 West West St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Lauterbach

If U. S. Veteran (Write) specify War No Record

(a) Residence: No. 23 West Mst St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Lauterbach

6. DATE OF BIRTH (month, day, year) Dec-18-1858

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc City Balto

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Lauterbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherene Krause

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Lauterbach

(Address) 23 W. Mst St

18. BURIAL, CREMATION, OR REMOVAL

Interment Western Date Nov 6 37

19. UNDERTAKER Freeman Bork

(Address) 1217 St Paul St

20. FILED 19 Registrar

NOV 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1937 to Nov. 4, 1937

I last saw him alive on Nov. 3, 1937. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis, general and cerebral; hypertensive cardio vascular disease	?
Other contributory causes of importance: - - - -	

Was an operation performed? no Date of - - -

For what disease or injury? no

Name of operation - - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40603 — CERTIFICATE OF DEATH — 15-2 131 — F 40603

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N. Appleton St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Blumberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 1810 N. Appleton St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Morris

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Nathan Blumberg
(Address) 2132 W. North ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date Nov. 5 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. North ave

20. FILED Huntington Williams N.P.

NOV 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936 to Nov. 4, 1937

I last saw her alive on Nov. 4, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-Renal Disease	Few years
Other contributory causes of importance: Bronchio-pneumonia	24 hours

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) A. A. Swoman M. D.

(Address) 2340 Entaw Place

OCCUPATION is very important. See instructions on back of certificate.

10607 88 E 10604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 13-8 Ward)

CITY OF BALTIMORE: (No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Gardner

(a) Residence: No. 1420 Dellwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	infant

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) August 31- 1937 male

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wilbert Gardner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hazel H. Fanwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Hankan Nov. 5 37

19. UNDERTAKER Horace F. Burgee (Address) 3631 Falls Road

20. FILED ..... 19 ..... Registrar

NOV 5 1937 Huntington Avenue, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 , 1937 to Nov. 4 , 1937

I last saw him alive on Nov 4 , 1937 Death is said to have occurred on the date stated above, at 2.50 A.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea — Date of onset 10-12-37

Other contributory causes of importance:

Otitis media Bilateral

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Milton W. Kelsey M. D.

(Address) Johns Hopkins Hospital

Weston W. O'Kelsey

OCCUPATION is very important. See instructions on back of certificate.

F 40605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-d

F 40605

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 N. Biddle St., 11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leonard Pargelli

If U. S. Veteran specify WAR

(a) Residence: No. 333 N. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia Pargelli

6. DATE OF BIRTH (month, day, year) August 1, 160

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Italy Spezia

MOTHER FATHER

13. NAME Joseph Pargelli

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Lucci

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Lydia Pargelli

(Address) 333 N. Biddle

18. BURIAL, CREMATION, OR REMOVAL Date Nov 4 1937

Permit issued Calvary Nov 5

19. UNDERTAKER S. M. Cross & Son

(Address) 638 Reginar Ave

Date received NOV 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mary Cregan M. D.

(Address) 1215 Hanover

(Coroner)

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

10606 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10606

CERTIFICATE OF DEATH

108 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. (Ward) 17 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Tierney

If U. S. Veteran specify WAR

(a) Residence: No. 773 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Va

FATHER

13. NAME Paul Tierney

14. BIRTHPLACE (city or town) (State or country) Accomac Va

MOTHER

15. MAIDEN NAME Lottie Hatton

16. BIRTHPLACE (city or town) (State or country) Accomac Va

17. INFORMANT Wm. Tierney (Address) 773 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/5/ 37

19. UNDERTAKER Frances G. Keighley (Address) 518 W. Biddle St

20. FILED ... Registrar. Lillington Williams, M.D.

NOV 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from 10. 27. 1937 to 11. 2. 1937

I last saw him alive on 11. 2. 1937 Death is said to have occurred on the date stated above, at 8:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10.29.37
Other contributory causes of importance: none	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James D. Cain M. D.

(Address) 1211 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

F 10607 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10607

CERTIFICATE OF DEATH V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 N. Mount St., 17-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel Gross If U. S. Veteran specify WAR

(a) Residence: No. 28 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed - Lydia

6. DATE OF BIRTH (month, day, year) Dec 23-1862

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10 m	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME Richard Gross

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Caroline Fatwood

(Address) 28 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 11, 6, 1937

19. UNDERTAKER Mrs. Ida Bailey

(Address) 726 Jefferson St

20. FILED 19 Witness Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1937 to Nov 3rd 1937

I last saw h[illegible] alive on Nov 2 1937 Death is said to have occurred on the date stated above, at 7.11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	Oct 13
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. E. Link M. D.

(Address) 1811 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V 03 - 1931

40608 F 10608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Pt Fayette St. 18-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hilda Caldwell

(a) Residence: No. 1214 Pt. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: ~~HUSBAND~~ (or) WIFE of Joseph. Caldwell

6. DATE OF BIRTH (month, day, year): June 28 1907

7. AGE: Years 33 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: George Rotel

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Sophia Eschbach

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT: M. George Rotel

(Address) 1035 Somerset

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Cemetery Date Nov. 8 1937

19. UNDERTAKER: Henry Stolck & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th 1937 to Nov 5th 1937

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis Acute Dilatation	
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Linnemann M. D.

(Address) 1532 W Lyndale St

V 3-1331

10609 E 10609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-36 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. veteran specify WAR

2. FULL NAME Frank Kaufmann

(a) Residence: No. 771 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about,	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0614

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Kaufmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agatha ~~Sannisler~~ Schussler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Agnes Freeze
(Address) 2741 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 6, 1937

19. UNDERTAKER Henry Strech & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED ---, 19--- Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. H. O'Sullivan Coroner, M. D.

(Address) 3757 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

10610

CERTIFICATE OF DEATH

F 10610

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reginald Creighton

(a) Residence: No. Cardiff, England St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Parracombe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cardiff
(State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT British Consulate
(Address) 11 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Nov. 5 19 37

19. UNDERTAKER Jos B Cook
(Address) 1005 E. Baltimore St.

NOV 5 - 1937

NOV 5 - 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1937 to Nov. 4 1937

I last saw h/M alive on Nov 4 1937 Death is said to have occurred on the date stated above, at 6.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE MONOCYTIC LEUKEMIA	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? CLIN. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Roland E. Bilen M. D.
(Address) U University Hospital

F 40611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40611

CERTIFICATE OF DEATH

178-a

Registered No. 16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Lee Flaherty

(a) Residence: No. 703 Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Harry M. Flaherty

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mabel Peddicord

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Harry M. Flaherty
(Address) 703 Appleton St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Non Cathedral Date Nov. 5, 1937

19. UNDERTAKER Jos. B. Cook
(Address) 1008 W. Baltimore St.

NOV 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas Poisoning	11-3-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry J. Young, M. D. Coroner

(Address) 1022 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40612 CERTIFICATE OF DEATH 130 F 40612

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William Carter
(a) Residence: No. 215 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lulie Carter

6. DATE OF BIRTH (month, day, year) June 6, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	4	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER
13. NAME Charles Carter
14. BIRTHPLACE (city or town) (State or country) S. Ca.

MOTHER
15. MAIDEN NAME Lulie
16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Lulie Carter
(Address) 215 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg, Va. Date Nov 7, 1937

19. UNDERTAKER Mrs Katie R Williams & Sons Funeral Home
(Address) 222 Edmondson Ave. Huntington, Williamson, W. Va.

20. FILED NOV 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1937 to Nov 5, 1937
I last saw him alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis (strep toxemia)	(Oct 31, 37)
uremia	Nov 1, 37

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lewis L Carr M. D.
(Address) 515 Hester St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40613

CERTIFICATE OF DEATH

94-3 F 40613

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 8-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George Howard Rodgers

If U. S. Veteran specify WAR None

(a) Residence: No. Belair Road & Rarmondale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian C Rodgers

6. DATE OF BIRTH (month, day, year) Feby 25-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert L Rodgers

14. BIRTHPLACE (city or town) (State or country) Leonardtown Md

MOTHER

15. MAIDEN NAME Nellie Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Mrs Nellie Rodgers

(Address) Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 6 1937

19. UNDERTAKER J. Pembroke Davis

(Address) 1001 E Lanvale

20. FILED NOV 5-1937 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 3, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) H. Huntington Williams, M. D. Coroner

(Address) 2757 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40614 F 40614

CERTIFICATE OF DEATH

28-1943

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Jacob Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 4213 Fernhill Ave; St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sara Cohen

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clock Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloak Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 11/5/37

19. UNDERTAKER Jos. Levy & Son

(Address) 1439 E. Baltimore St.

20. FILED 19 Williamsport, Md.

V-6 - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1937, to Nov 4, 1937

I last saw him alive on Nov 4, 1937. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 4 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard H. Pembroke Jr. M. D.

(Address) Mercy Hospital

40615

F 40615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. V 186-a

CITY OF BALTIMORE: (No. Bay View St. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothea Fileig

(a) Residence: No. 2026 Portugal St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Henry Fileig

6. DATE OF BIRTH (month, day, year) March 22-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Sept. 10-1937

11. Total time (years) spent in this occupation 37 Yrs

12. BIRTHPLACE (city or town) (State or country) Bivalve Md.

FATHER

13. NAME John Roth

14. BIRTHPLACE (city or town) (State or country) Bivalve Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Bivalve Md.

17. INFORMANT Albert Fileig
(Address) 1210 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov 8, 1937

19. UNDERTAKER Lefty Zeller Jr.
(Address) 403 S. Broadway St.

20. FILED Nov 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Inquest
Inquiry
Mer.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia due to Fracture of right femur.	1 day
	3 Days

Other contributory causes of importance: Arterio-Sclerosis Cardiac decompensation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 1 1937

Where did injury occur? 2026 Portugal St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell while getting out of bed slipped

Nature of injury Fracture Rt. right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

D 45 - 1937

Spec.—8-16-29—L. F. S.—100 Blks.

Nellie More Bond

F 40616

40616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

REGISTERED NO. 12-3

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2226 N. Calvert St (ST.) (WARD) Baltimore, Md

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs John Randall Bond

(a) RESIDENCE NO. 2226 N. Calvert St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Randall Bond

6 DATE OF BIRTH (month, day, and year) Apr 22, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York State

PARENTS

10 NAME OF FATHER John More

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Nellie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York State

14 Informant Next of kin (Address) 2226 N. Calvert St.

15 1537 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1937

17 I HEREBY CERTIFY, That I attended deceased from May ..... 19 37, to Nov 5 ..... 19 37, that I last saw her alive on Nov 4 ..... 19 37 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank Dempsey, M. D.

19 (Address) 304 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lyon Memorial Park

20 UNDERTAKER Lee A. Tillotson & Co Inc

DATE OF BURIAL Nov. 6 19 37

ADDRESS Baltimore, Md

Important. See instructions on back of certificates.

10617 F 10617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 307 Scott St. 18-3 Ward)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma E. Carey

(a) Residence: No. # 836 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late William T. Carey

6. DATE OF BIRTH (month, day, year) July 26, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	9 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr John W. Carey
(Address) 836 W. Lombard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date 11 / 6 / 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED Huntington Williams, M.D.
(Signature)
11-5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1937 to Nov. 4th 1937

I last saw h. alive on Nov. 3rd 1937 Death is said to have occurred on the date stated above, at 10.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	?
Decompensation of Heart.	?

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Clarence E. Mader M. D.

(Address) 2303 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

F 40618

HEALTH DEPARTMENT—CITY OF BALTIMORE

10618

CERTIFICATE OF DEATH

11-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1117 Carroll St. 21-2 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine T. Bicking

(a) Residence: No. # 1117 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late William M. Bicking

6. DATE OF BIRTH (month, day, year) Feb 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Kennedy

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Catherine O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Florence T. Bicking
(Address) # 1117 Carroll Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/ 8 /37

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED Huntington Williams, Registrar
5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1937 to Nov 4 1937

I last saw her alive on Nov 4 1937 Death is said to have occurred on the date stated above, at 10.50 m A. M.

The principal cause of death and related causes of importance were as follows:

Influenza. Date of onset 10-27-37
Broncho-pneumonia 10-30-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

(Signed) Florence Glass M. D.
(Address) for 76 Wendover Road

OCCUPATION is very important. See instructions on back of certificate.

40619 F 40619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bmmersity Hospital St. Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Jenkins
(a) Residence: No. 735½ W. Mulberry St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: black
5. Single, Married, Widowed, or Divorced (write the word)
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Infant
6. DATE OF BIRTH (month, day, year): 10/31/37
7. AGE: Years | Months | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Haven Conn.

FATHER
13. NAME: Alfred Jenkins
14. BIRTHPLACE (city or town) (State or country): Balt. Md.

MOTHER
15. MAIDEN NAME: Ethel Barbe
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
place: Date: 19
UNIVERSITY MEDICAL SCHOOL NOV 5 - 1937
Commissioner of Health

19. UNDERTAKER
(Address)
Per H. A. Moore

20. FILED 11-5-1937
Huntington Williams, M.D.
3598 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1937 to Nov. 1 1937
I last saw her alive on Nov 1 at 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:
Congenital Heart Disease — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. Warren Allen M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

10620 F 10620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bud Fuller

If U. S. Veteran specify WAR

(a) Residence: No. 954-Forest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/25/1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Fuller

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Mitchell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 5 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 Registrar

NOV 5 - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6th 1937 to Nov. 2nd 1937

I last saw him alive on Nov. 2nd 1937. Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John F. Aubrey M. D.

(Address) Jerrold Court apts 34th & Guilford Ave

Spigelmire

F 10621

10621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr Charles E. Spigelmire

(a) Residence: No. 507 B St., Ward. Sparrowpoint Md

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Mary E. Spigelmire

6. DATE OF BIRTH (month, day, year): April 2, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Heater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Mill.

10. Date deceased last worked at this occupation (month and year): July 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pittsburgh Penna

FATHER

13. NAME: Adam J. Spigelmire

14. BIRTHPLACE (city or town) (State or country): Johnstown Pa.

MOTHER

15. MAIDEN NAME: Alice Adams.

16. BIRTHPLACE (city or town) (State or country): Pittsburgh. Pa.

17. INFORMANT: Mary E. Spigelmire

(Address): 504-16th St. Sparrows Pt Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Mary Date 11/6 1937

19. UNDERTAKER: J. J. Baker

(Address): 300 E. Balto St.

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Nov 3, 1937.

I last saw h. Him alive on November 3, 1937. Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	Aug 15-37
Other contributory causes of importance: Bronchio pneumonia	Oct 20-37

Was an operation performed? Yes. Date of Aug 20-37

For what disease or injury? Acute Hemorrhagic Pancreatitis.

Name of operation Exploratory.

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Dunn, M. D.

(Address) Mercy Hospital

OCCUPATION IS VERY IMPORTANT

VS 3

0 11

F 10622

10622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2140 Aiken St., 9 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary L. Leinig
If U. S. Veteran specify WAR

(a) Residence: No. 2140 Aiken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph Leinig

6. DATE OF BIRTH (month, day, year) Sept 6-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER
13. NAME William H. Siffendall
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Margaret J. Burke
16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Mrs Bessie Smith
(Address) 2140 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pastorium Date 11/6 19 37

19. UNDERTAKER J. A. Mohan
(Address) 3000 E Baltimore St.

20. FILED 19 Registrar

NOV 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/21/36, 19, to 11/31 1937

I last saw her alive on 11/31 1937 Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	4/21/36.
Chronic nephritis	4/21/36.
Chronic hypocardiac	4/21/36,
Other contributory causes of importance: Myocardial insufficiency	11/3/37.

Was an operation performed? None Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh A. Carden M. D.

(Address) 517 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

14

10623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10623

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hospital St., (Ward) 8-5

Length of residence in city or town where death occurred 17 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Allene Styles

(a) Residence: No. 1812 E Lafayette ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-2-1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	8 9	4 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.S. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) City Md.

FATHER

13. NAME Wm H. ....

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Nora Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm H. Styles
(Address) 1812 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenbay Cathedral Date 11/81 ... 37

19. UNDERTAKER Morgan
(Address) 3000 E Baltimore St

20. FILED ... 19 ... Registrar ....

5-1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-28- 1937 to 11-4- 1937

I last saw h... alive on 11-4 1937 Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph. Albus Septicemia	
Bilateral	

Other contributory causes of importance:
Bilateral Pleurisy w. effusion
Bronchopneumonia
4 wks.

Was an operation performed? ... Date of 10-30-37

For what disease or injury? ....

Name of operation Cisternal Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to ... (Violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Franklin H. Hanley M. D.

(Address) Union Memorial Hospital

F 10624

HEALTH DEPARTMENT—CITY OF BALTIMORE

10624

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-5 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Markham

(a) Residence: No. 2724 Reisterstown Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl W. Markham

6. DATE OF BIRTH (month, day, year) March 21-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynn, Mass.

FATHER

13. NAME Walter J Humphrey

14. BIRTHPLACE (city or town) (State or country) Lynn Mass.

MOTHER

15. MAIDEN NAME Hopkins

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Carl W. Markham

(Address) Maryland Casualty Co. Md.

18. BURIAL, CREMATION OR REMOVAL

Place Mount Hebron Date NOV 6 1937

19. UNDERTAKER Frank H. Mayfield

(Address) Catonsville, Md.

20. FILED ... 19... Registrar

NOV 5 - 1937 City of Baltimore, Md.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1937, to 11-5, 1937

I last saw h.. alive on 11-4, 1937. Death is said to have occurred on the date stated above, at 12:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 d.
Interventricular Hem	7 d.
Cardiac Decompensation	
Hypertension & Arteriosclerosis	10 yrs

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Typical Reaction Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alfred Edward ... M. D.

(Address) Sinai Hospital

F 40625

40625 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N Dallas St., 7th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lizzie Branch

(a) Residence: No. 627 N Dallas St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced (or) WIFE of Alfred Branch

6. DATE OF BIRTH (month, day, year) Aug 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Co VA

FATHER

13. NAME Lewis Boykin

14. BIRTHPLACE (city or town) (State or country) VA

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) VA

17. INFORMANT Lucille Branch

(Address) 1604 Abbott st

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth VA Date Nov 5 1937

19. UNDERTAKER Robert T Williams

(Address) 1515 McElderry St

20. FILED 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Nov 4 1937

I last saw her alive on Nov 3 1937. Death is said to have occurred on the date stated above, at 5:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency & generalized Anasarca	Probably 3 or 4 mos
Other contributory causes of importance: Secondary engorged liver. Pneumonia Hypostatic	Sept 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 4424 E Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40626 CERTIFICATE OF DEATH F 40626

46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Oscar Haines

(a) Residence: No. Union Bridge, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Virginia Snyder.

6. DATE OF BIRTH (month, day, year) Mar. 6 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement Plant

10. Date deceased last worked at this occupation (month, day, year) Feb. 37

11. Total time (years) spent in this occupation. 26 yrs

12. BIRTHPLACE (city or town) (State or country) Hyattstown Md.

FATHER

13. NAME John. R. Haines

14. BIRTHPLACE (city or town) (State or country) Hyattstown Md.

MOTHER

15. MAIDEN NAME Mary Blackburn

16. BIRTHPLACE (city or town) (State or country) Hyattstown Md.

17. INFORMANT Herbert Haines

(Address) Union Bridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pipe Creek Cem. Date Nov 8 37

19. UNDERTAKER D. D. Shaffer & Son

(Address) Union Bridge & New Windsor Md.

NOV 5 - 1937

Huntington Williams, N.Y.

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 5 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 , 1937 to Nov 5 , 1937

I last saw him alive on Oct. 5 , 1937 Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Prostatic carcinoma of bladder	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis E. Cooley , M. D.

(Address) University Hospital

F 40627

10627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No. 20-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2927 Frederick Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton L. Parker.

If U. S. Veteran specify WAR None

(a) Residence: No. 2927 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28-1903.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. metal Polish Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

FATHER

13. NAME John H. Parker.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Katherine Regus.

16. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

17. INFORMANT (Address) Mrs. Katherine Parker. 2927 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Nov. 6- 37.

19. UNDERTAKER (Address) Charles J. Schwab. 505 N. Monroe St.

20. FILED [illegible] Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to November 1937

I last saw h... alive on Nov. 2nd 1937 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Silicosis	1932
Tuberculosis Pulmonalis	1932

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Primary dust inhalation

(Signed) O. G. Marr M. D.

(Address) 516 Cathedral St.

4

8

M. D. B. 1268-9

Rossiter Av

F 10628

10628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~John Jamison~~ 319 Rossiter ave St. 7-11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jamison

(a) Residence: No. 319 Rossiter ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, ~~Widowed~~, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 6-10-1866

7. AGE — Years: 71 — Months: 4 — Days: 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: C. J. Jamison

14. BIRTHPLACE (city or town) (State or country): Balto md

MOTHER

15. MAIDEN NAME: Jane Mc Elroy

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT (Address): Jerry Hernan 319 Rossiter ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 11/6-1937

19. UNDERTAKER: T. A. Bonning

(Address) 1136 Pulaski Highway

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-3-1932 to 11-3-1937

I last saw him alive on 11-2-1937 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	years
Hypertrophied heart.	?
Chronic nephritis.	
Hypertension	
Other contributory causes of importance:	
cardiac decompensation	month

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Marcus M. D.

(Address) Medical arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

F 10623

10623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Evans Wesley Gray

(a) Residence: No. 19 9 St. N.W. Washington DC Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Government Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monrovia, Md

FATHER

13. NAME Otis Gray

14. BIRTHPLACE (city or town) (State or country) Frederick County Md

MOTHER

15. MAIDEN NAME Ida Diggs

16. BIRTHPLACE (city or town) (State or country) Frederick County Md

17. INFORMANT Mrs. Minnie Gray Davis (Address) 1616 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Market, Md. Date Nov. 6 37

19. UNDERTAKER Mrs. George H. Holland (Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

NOV - 1937

Huntington Pathological Lab. Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-31- 1937 to 11-3- 1937

I last saw him alive on 11-3- 1937 Death is said to have occurred on the date stated above, at 3 20/60 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric stenosis with adhesions	

Other contributory causes of importance:

Peptic ulcer
Chronic gastritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) .....

H

V F 40630

(0630)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henry Kohl

(a) Residence: No. Phila. Rd. & Rosedale Heights Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ewa A. Kohl

6. DATE OF BIRTH (month, day, year) August 5, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Kohl

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Shellhouse

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ewa A. Kohl

(Address) Phila. Rd. & Rosedale Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Emma Run Date Nov. 6, 1937

19. UNDERTAKER John Ulrich

(Address) 1001 Gilmore St.

20. FILED NOV 6 1937 Hunting in Wise. Registrar

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Hemorrhage	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker Coroner M. D.

(Address) 1917 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10631 10631

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Parrish St.) 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Katie Hammond

(a) Residence: No. 817 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. Harvey

6. DATE OF BIRTH (month, day, year) Feb 13 1875

7. AGE: Years 62 | Months | Days | If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Near Emmitsburg Md

FATHER

13. NAME Samuel Sears

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Taylor

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT (Address) Thos Hammond 817 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Nov 19 1937

19. UNDERTAKER (Address) Edw Clarke 1000 Braddish Ave

20. FILED Nov 8 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the day stated above. And that said deceased came to said (Inquest, Autopsy or Inquiry) death on the day stated above. I saw 1 hour 30 min.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ralph Arnold, M. D. Coroner

(Address) 1216 Harlem

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10632

CERTIFICATE OF DEATH

F 10632

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Myrtle Ave. St. 17-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emily J. Spriggs (Jane E. Dailey)

(a) Residence: No. 402 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Dailey

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Dailey

(Address) 402 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Allum Date Nov. 6 1937

19. UNDERTAKER Walter B. Spriggs

(Address) 1394 Harlem St.

NOV 8 - 1937 Huntington Williams, Registrar

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.

(Signed: Attorney or Inquiry)

(Signed: Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. K. Cracken M. D.

(Address) 2757 N. Howard

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 40633

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40633

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N. Lee St., 12-2nd Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Hurley

(a) Residence: No. 607 N Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced WIFE of William Hurley

6. DATE OF BIRTH (month, day, year) May 16 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Kerr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ozella Johnson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov 7. 1937

19. UNDERTAKER Walter B. Sons & Huntington Williams
(Address) 134 N. Hanover St

20. FILED NOV 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3. 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 31. 1937 to Nov 3. 1937

I last saw h[illegible] alive on Nov 3. 1937 Death is said to have occurred on the date stated above, at 1015 a m

The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis — Date of onset .....

Other contributory causes of importance:

Intestinal Obstruction

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Gompkins M. D.

(Address) 501 N Hanover St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10631 F 10631

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Caroline St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Sewell

(a) Residence: No. 722 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 20th 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stevensville Md

FATHER

13. NAME James H. Sewell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Janie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Janie Sewell (Address) 722 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Hebron Cem. Date 11-6-1937

19. UNDERTAKER Byron & Mamie Wright (Address) 1218 McElderry St

20. FILED Huntington Williams 11-5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1937 to 11-2 1937

I last saw her alive on 10-31 1937 Death is said to have occurred on the date stated above, at 4:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Phthisis	Aug 37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: bacteria in sput Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M.D.

(Address) 1500 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

#27767

10635

CERTIFICATE OF DEATH

51-E 10635

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Theodore Horsey

(a) Residence: No. 1115 N. Caroline St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year) 1/1/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Casey Allen Holford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem. Date 11-7- 1937

19. UNDERTAKER Robert Young Jr. Heights

(Address) 1211 N. Eden St

20. FILED 19 Registrar

NOV 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25 1937 to 11-3 1937

I last saw h/M alive on 11-3 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

10636 HEALTH DEPARTMENT—CITY OF BALTIMORE 10636

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St. 4-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Jenkins
(a) Residence: No. 347 Hillen Rd Towson Md Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word):
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 12-16-1935
7. AGE: Years 1; Months 10; Days 19; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Towson Md

FATHER
13. NAME: Daniel Frazier
14. BIRTHPLACE (city or town) (State or country): Towson Md

MOTHER
15. MAIDEN NAME: Rachel Jenkins
16. BIRTHPLACE (city or town) (State or country): Towson Md

17. INFORMANT: Rachel Jenkins
(Address) 347 Hillen Rd Towson Md

18. BURIAL, CREMATION, OR REMOVAL:
Place: Pleasant Rest Date 11-7-37

19. UNDERTAKER: Byers & Manis J. King
(Address) 1218 mc Elderry St

NOV 6 - 1937

Huntington Hillcrest Rest
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1937 to Nov. 5th 1937
I last saw her alive on Nov. 4th 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset Sept. 25th 37

Other contributory causes of importance:
Circulatory failure

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King B. E. Seager Jr. M. D.
(Address) University Hospital.

F 40637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40637

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S Green St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Viola Scott Patterson

(a) Residence: No. 526 S Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 3-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Effie Scott

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Effie Scott
(Address) 526 S Green St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov. 8 1937

19. UNDERTAKER James A Joyce
(Address) 142 W Fred St

20. FILED NOV 8 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937, to Nov. 3, 1937

I last saw her alive on Nov. 2, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 729 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

Lena Major

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40638

CERTIFICATE OF DEATH

F 40638

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Frances St. 13-3 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Major

If U.S. Veteran specify WAR ....

(a) Residence: No. 2427 Frances St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theodore Major

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Mack

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Johnson 2427 Frances St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Date Nov 6 1937

19. UNDERTAKER Thos. O'Rourke & Son (Address) 818 Mt Street

FILED ..... 19 ..... Registrar

NOV 8 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/6/37, 19 ... to 11/6/37, 19 ...

I last saw h... alive on 11/3/37, 19 ... Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Treated Sept 1937	
OR	
Carcinoma Breast	

Other contributory causes of importance:

Was an operation performed? No Date ....

For what disease or injury? ....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury Nov 3 1937, 19

Where did injury occur? At home, 1336 Druid Hill Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Coming down stairs fell & struck head on floor

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A. Lee Ellis, M. D.

(Address) 524 Mt Royal Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10639

CERTIFICATE OF DEATH

F 10639

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Druid Hill Av. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Sampson

If U. S. Veteran specify WAR

(a) Residence: No. 2315 Druid Hill Av St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widowed

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Margard E. Sampson

6. DATE OF BIRTH (month, day, year) Nov. 4 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Friends School

10. Date deceased last worked at this occupation (month, day, year) Retired

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Mitchell Sampson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alma C. Sanders daughter

(Address) 3403 Loom St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cem. Date 11-7-37

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave

20. FILED NOV 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th . 1937 to Nov. 4 . 1937

I last saw him alive on Nov. 4 . 1937. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	?

Other contributory causes of importance: ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Huntley M. D.

(Address) 1230 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C
F 40640

Registered No. .....

10610

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 North Caroline St. St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CATHERINE ELIZABETH SHIPPER

(a) Residence: No. 1616 North Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Shipper

6. DATE OF BIRTH (month, day, year) Oct. 6, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	---	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John C. Kramer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Anna Fisher

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT George W. Shipper
(Address) 1616 North Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 8 1937

19. UNDERTAKER Chas. H. Grace & Son
(Address) 118 W. Mt. Royal ave

20. FILED NOV 6 1937 Huntington Mills, N.Y. Registrar.
Lyke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1937 to Nov 5, 1937

I last saw her alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 8.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypertrophy Enl. Heart	
Other contributory causes of importance:	
Diabetes Mellitus	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. W. Bruce, M. D.
(Address) 1512 N. Broadway

10641

HEALTH DEPARTMENT—CITY OF BALTIMORE

10641

CERTIFICATE OF DEATH

82-a C.C.

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward) 9-9

Length of residence in city or town where death occurred 65 yrs 6 mos 21 da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Mamie F. Wainwright

If U. S. Veteran specify WAR

(a) Residence: No. 1800 Arquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Wainwright (Dead)

6. DATE OF BIRTH (month, day, year) April 15-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	7/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Some time

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Harriet Abel

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Pearl Wagner

(Address) 1800 Arquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov. 8" 1937

19. UNDERTAKER Henry Hust (Inc), Sec

(Address) 130 E. Eager St.

FILED Nov 8 1937 Harris Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (CVE apoplexy)	Nov. 4 1937
Other contributory causes of importance: Arterio-Sclerosis General	some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

OVER - 1937 - 0 - 2KG

V S 6

F 10642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10642

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 28-2 Ward)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 8 dys. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Hayward Dill

(a) Residence: No. 4310 Ethland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Schiaffino

6. DATE OF BIRTH (month, day, year) August 8, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
29	2	8 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent Security Storage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trust Co.

10. Date deceased last worked at this occupation (month and year) 0086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Dill

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mabel K. Hoyt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John H. Dill
(Address) 4310 Ethland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 11/8 1937

19. UNDERTAKER Henry H. Mears and Son
(Address) 5052 Calvert St.

Filed ..... 19.....

Registrar.

DHC - 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1937 to Nov 4, 1937

I last saw him alive on Nov 4, 1937 Death is said to have occurred on the date stated above, at 9:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Stomach	Oct 1936
Recurrence of Sarcoma	1937
Other contributory causes of importance	
Intestinal Obstruction	10-1-37
Cachexia	10-30-37

Was an operation performed? Colostomy Date of 10-30-37

For what disease or injury Intestinal Obstruction

Name of operation Colostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Irving F. Klemkunska, M. D.

(Address) Maryland General Hosp.

F 10643 Rubins

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10643

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1305 W. Lanvale St., 16-23 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Ruffin

If U.S. Veteran specify WAR

(a) Residence: No. 1305 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Ruffin

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, saw-yer, bookkeeper, etc. Labr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME Pattison Ruffin
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Nancy Pugh
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Florence Ruffin
(Address) 1302 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Suffolk Va. Date Nov 6th 37

19. UNDERTAKER Archibald L. Luddy
(Address) 2101 N. Caroline St.

FILED Huntington Williams, M.D.
NOV 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Nov 5 1937

I last saw h[illegible] alive on Nov. 5 1937 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Pneumonia	
Pulmonary Phth	Oct 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Halcher, M. D.

(Address) 1225 Park Ave

10644

HEALTH DEPARTMENT—CITY OF BALTIMORE

10644

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 Maryland Ave St. 12-7 Ward)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Dukehart Block

(a) Residence: No. 2434 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME August Block

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Dukehart

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary G. Motley

(Address) 2434 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem Date Nov 8, 1937

19. UNDERTAKER Harry R. Amsbach

(Address) 4204 Pridewood Ave

20. FILED 19 Hunting Town Williams Registrar

1644 — 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1937, to Nov 5, 1937

I last saw h[illegible] alive on Nov 3, 1937 Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis suppurativa	?
Other contributory causes of importance:	
Acute cardiac dilatation	Nov 5
	Nov 3

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Elroy McKenzie M. D.

(Address) 2430 Maryland Ave

40645 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40645

CERTIFICATE OF DEATH √ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 West Fairmount Ave (Ward) 18-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Taylor

(a) Residence: No. 517 W Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Perkins

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mary Taylor
(Address) 517 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hampton, Va Date Nov 6, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 r Stiles Ave

NOV 6 - 1937 19 Huntington W. Va.

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to November 3, 1937

I last saw her alive on Nov 2 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, state how.

(Signed) W. F. Howell M. D.

(Address) 601 N Carrollton Ave

NOT

10646 HEALTH DEPARTMENT—CITY OF BALTIMORE 10646

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Registered No. 108

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Ahysen

If U. S. Veteran specify WAR

(a) Residence: No. 1233 S. Clinton Ave. St., Balto Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Ahysen

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Margaret Magers

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Frank Ahysen

(Address) 1233 S. Clinton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date Nov 6 1937

19. UNDERTAKER Lutz & Zulch

(Address) 1405 E. Fayette

FILED NOV 6 1937 19... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1937 to Nov. 5 1937

I last saw h... alive on Nov. 5, 1937 Death is said to have occurred on the date stated above, at 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov. 4
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Sherwood M. D.

(Address) Sinai Hospital

10647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

E 10647

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
St Josephs Hospital
CITY OF BALTIMORE (No. 1428 E. Oliver St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Guglizza or Willis (If U. S. veteran specify WAR.)
St Josephs Hospt Res (1428 E Oliver St)

(a) Residence: No. (Use place of abode) St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): July 15 1923

7. AGE: Years 14 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Thomas Guglizza
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Thomas Guglizza
(Address) 1428 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Nov 4 1937

19. UNDERTAKER: Lilly Zeiler
(Address) 403 N Wolfe St

Registered Nov 6 1937 at Lexington Building, W.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable fracture of skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10 29 1937
Where did injury occur? (Specify city or town, county, and State) Near Govanstown
Specify whether injury occurred in industry, in home, or in public place: Street
Manner of injury: Struck by auto while
Nature of injury: riding bicycle

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Hubert H Gurley M. D.
Coroner
(Address) 907 N. Charles

VS 6

F 40648

40648 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

10-2 168

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 Ashland ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Sandler

(a) Residence: No. 1240 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leta Ruth

6. DATE OF BIRTH (month, day, year) July 29, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Sandler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella Levin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Miller

(Address) 4010 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Nov. 7, 1937

19. UNDERTAKER Sol Levinson & Bros.

(Address) 1124-26 N. North ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1937

22. I HEREBY CERTIFY, That I last saw the deceased alive on [illegible] 1937, that I have charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, the Coroner's Jury (Inquest, Verdict or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound Abdomen	
Laceration Jugular	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/6, 1937

Where did injury occur? 1240 Ashland Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut self with a butcher

Nature of injury Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner.

(Address) 1919 E. North ave

VS 6 11-1937

F 40649

F 40649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2174 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 Ashland ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Sandler

(a) Residence: No. 1240 Ashland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	M.

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Late Phillip

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Nathan Miller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Caplan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Miller

(Address) 4010 Old Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Beth Tefiloh Cemetery Date Nov. 7 1937

19. UNDERTAKER for Levinson & Bros.

(Address) 1124-26 N. North ave

20. FILED Nov 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wounds of abdomen	
Stab Wounds of chest	
Laceration right heart	

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/6/ 1937

Where did injury occur? 1240 Ashland ave - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut with a Butcher

Nature of injury Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenfuss M. D.
Coroner

(Address) 1172 E. North ave

V 56

40659 F 40650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-372-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Woodyear St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leo Charles Dougherty, Jr. If U.S. Veteran specify WAR .....

(a) Residence: No. 323 S. Woodyear St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9 Years	6 mos	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Leo Charles Dougherty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Thelma Schlotthober

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Leo Charles Dougherty

(Address) 323 S. Woodyear St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Nov 10 1937

19. UNDERTAKER Jos. B. Cook

(Address) 1003 N. Baltimore St

20. FILED 1937 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30. 1937. to Nov. 6. 1937

I last saw h[illegible] alive on Nov. 6 1937. Death is said to have occurred on the date stated above, at 2.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgekins Disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Israel Rosen, M. D.

(Address) 2433 E. Monument St.

40651 E 40651

HEALTH DEPARTMENT—CITY OF BALTIMORE

40651

CERTIFICATE OF DEATH

27-1731

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Colbeth

(a) Residence: No. 2026 Kelley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Eliza Colbeth

6. DATE OF BIRTH (month, day, year) Feb 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

FATHER

13. NAME Edward Colbeth

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

17. INFORMANT (Address) John Colbeth 2026 Kelley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place West Lawn Date Nov 7 1937

19. UNDERTAKER (Address) Archibald S. Caudle's 2124 McCulloh St.

20. FILED 19 Registrar. Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30 1937 to November 4 1937

I last saw him alive on November 4 1937 Death is said to have occurred on the date stated above, 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	4/4/37
Pyelonephritis Pneumonia	
Carcinoma of Pancreas	
Other contributory causes of importance:	
Chronic Nephritis	?
Senility	?

Was an operation performed? Date of Nov 4, 1937

For what disease or injury? Incision & Abscess of Neck

Name of operation Incision & Drainage

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert X. Calvert M. D.

(Address) 822 N. Bond St

1937 - NOV 7 -

10652

HEALTH DEPARTMENT—CITY OF BALTIMORE

10652

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) 5-6

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. Jonesone

(a) Residence No. 1508 Brady Ave. St., Fairfield Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Jonesone

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Moses Jonesone

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rachel Taylor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sarah Jonesone (wife)
(Address) 1508 Brady Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place W. Conway Cemetery Date Nov 7 1937

19. UNDERTAKER Archibald C. Gaddis
(Address) 2118 McCulloh St.

20. FILED Nov 8 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
had by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	20 minutes
Other contributory causes of importance: Arterio-sclerosis, Chronic Interstitial Nephritis	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner

(Address)

40653 F 40653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19-4107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Ramsey St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Sauerwald

(a) Residence: No. 1806 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12 —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Food

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md.

FATHER

13. NAME John Sauerwald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unk —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Sauerwald.
(Address) 1806 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date 11/8/37

19. UNDERTAKER Minnie C Dyer
(Address) 1806 W Pratt St

20. FILED NOV 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936 to Nov 5, 1937

I last saw h. alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Terminal Bronchio-pneumonia	4 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S Harris M. D.

(Address) 2116 W Pratt St

Shoals. ✓ F 40654

40654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15 181

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mech'l Bath, Female St. Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Barbara Ruth Shoals
(a) Residence: No. 4305 Harrison Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City, N. J.

FATHER

13. NAME Wm. B. Shoals, Jr.

14. BIRTHPLACE (city or town) (State or country) Pawhuska, Okla.

MOTHER

15. MAIDEN NAME Ruth Estelle Anderson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. B. Shoals, Jr.
(Address) 4305 Harrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Dual Ridge Date 11/1/37 19

19. UNDERTAKER Michael C. Sisk
(Address) 1100 N. Gilmor St.

20. FILED NOV 1 1937 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd Degree Burns (Scald)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/24 1937
Where did injury occur? 4305 Harrison Blvd.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Falling into bath tub
Nature of injury Scalds

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hans Gruner, M. D.
Coroner
(Address) 1613 Harlem Ave.

Use

40655

HEALTH DEPARTMENT—CITY OF BALTIMORE

40655

CERTIFICATE OF DEATH

13-7 93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Berry St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Green

If U. S. Veteran specify WAR

(a) Residence: No. 620 Berry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Landon C. Green

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Amelia A Howell

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Irvin F. Hampshire
(Address) 620 Berry St

18. BURIAL, CREMATION, OR REMOVAL
Mt Auburn Date Nov 8, 1937

19. UNDERTAKER Thos. J. Hill & Son
(Address) 3615 Eastern Ave

20. FILED , 19 Registrar.

Nov 7 1937 Huntingdon Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937 to Nov 5, 1937

I last saw her alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 5.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 5 1937
Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If no, specify.

(Signed) Huntingdon Williams M. D.

(Address) 6 E Lexington St.

40656 F 40656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Clipper Rd. St., 13-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Charles B. Almond

(a) Residence: No. 3513 Clipper Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1933

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
4	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis D. Almond.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rosey Lovegage.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louis D. Almond.
(Address) 3513 Clipper Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Nov. 8, 37

19. UNDERTAKER Lahenouette & Son.
(Address) 8610-17 Chestnut Ave.

20. FILED ... 19 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1937 to Nov. 5, 1937

I last saw him alive on Nov. 4, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with sudden Cardiac Failure	
Tracheitis	11-2-37

Other contributory causes of importance:

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis D. Flewelen M. D.

(Address) 3711 Falls Rd.

7-1937

F 40657

HEALTH DEPARTMENT—CITY OF BALTIMORE

06657

CERTIFICATE OF DEATH

26-1 106B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 White Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah J. Torbit

(a) Residence: No. 4207 White Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos N. Torbit

6. DATE OF BIRTH (month, day, year) June 8, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

FATHER

13. NAME August Francis

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Elizabeth Blakley

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Slade,
(Address) 4207 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cem. Date Nov. 8, 37

19. UNDERTAKER Fredk. Tasselson & Son
(Address) 7401 Belair Road

20. FILED NOV 7 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. Oct. 19 37, to Nov. 6, 1937.

I last saw her alive on Nov. 6, 1937. Death is said to have occurred on the date stated above, at 8:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiently	Nov. 1, 1937
Other contributory causes of importance: Chronic Laryngitis and Tracheitis (Not an malignant and not tubercular)	1934.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson

(Address) 5713 Bel Air Rd.

10658

HEALTH DEPARTMENT—CITY OF BALTIMORE

10658

CERTIFICATE OF DEATH

13-192-a

Registered No.

1. PLACE OF DEATH: Seville Apts.
CITY OF BALTIMORE: (No. Lake Drive and Lakeview Ave. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah White — If U. S. Veteran specify WAR

(a) Residence: No. Seville Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gus E. White

6. DATE OF BIRTH (month, day, year) May 28, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joseph Burgunder,
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Esther Bergman,
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Gus E. White,
(Address) Seville Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: Oheb Shalom Cem. Date: Nov. 7, 1937

19. UNDERTAKER: Harid Sonnborn & Son
(Address) 1902 Eutaw Place.

20. FILED ..... 19..... Registrar.

NOV 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935 to Nov 5, 1937
I last saw her alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 8 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary edema	Nov 5 37
Other contributory causes of importance: Arteriosclerotic heart disease. Symptoms.	1931
Aortic stenosis	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Louis P. Hamburger M. D.
(Address) 1207 Eutaw Place.

E 10659

10659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-4 34-93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1039 N Chapel St., (Ward) 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Johns Watkins

If U. S. Veteran specify WAR

(a) Residence: No. 1039 n Chapel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Watkins

6. DATE OF BIRTH (month, day, year) April 23-1887 hrs

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George W Watkins

14. BIRTHPLACE (City or town) (State or country) Va

MOTHER

15. MAIDEN NAME Celia Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Anna Watkins

(Address) 720 Bond St

18. BURIAL, CREMATION, OR REMOVAL. cemetery

Place Mt Calvary Date Nov 8 1937

19. UNDERTAKER Edw. Bryan

(Address) 1244 Orleans St

20. FILED . 19 Registrar.

Oct - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Attendance or Inquiry)

obtained by said inquiry (Inquest, Attendance or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset Abt Sept 1 37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul L Allen M. D.

(Address) 5 S Eutaw St

40660 F 40660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 19 4

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World

2. FULL NAME John L. Baker

(a) Residence: No. 1717 Hollins St., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reidel Sophia M./Baker

6. DATE OF BIRTH (month, day, year) August 11, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal weatherstripping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 3 weeks ago

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

FATHER

13. NAME John C. Baker

14. BIRTHPLACE (city or town) (State or country) Washington County, Md.

MOTHER

15. MAIDEN NAME Beade Carbaugh

16. BIRTHPLACE (city or town) (State or country) Washington County, Md.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 11-8- 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins st

20. FILED ..... 19..... Registered .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937 to November 4, 1937.

I last saw him alive on November 4, 1937. Death is said to have occurred on the date stated above, at 8:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, subacute, bacterial	10-13-37
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. C. [illegible] M. D.

(Address) U.S. Marine Hospital, Balto. Md.

V0 3 — F — 1937 Huntington Pa/C

F 40661 ✓ F 40661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-372-B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1553 Clifton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Garrish Jr. If U. S Veteran specify WAR

(a) Residence: No. 1553 Clifton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Ford Garrish

6. DATE OF BIRTH (month, day, year) July 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	7.6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Body Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Factory

10. Date deceased last worked at this occupation (month and year) 5 yrs.

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Garrish

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Louise

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes Garrish (Address) 1553 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 8, 1937

19. UNDERTAKER Martin Fahey & Sons (Address) 827 N. Paca St.

20. FILED 7-1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1937 to Nov. 5, 1937

I last saw him alive on Nov. 4, 1937 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	About 5 yrs.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, (Signed) Dr. A. B. Gilbert M. D.

(Address) 2802 Harford Ave

Edna Shrieves

✓ F 40662

0662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-195-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Shrieves

(a) Residence: No. 812 Wiellta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Berlie M. Shrieves

6. DATE OF BIRTH (month, day, year) July 21, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Me.

FATHER

13. NAME Tom Deary

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Deary

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Berlie M. Shrieves

(Address) 812 Wiellta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Nov. 8, 37

19. UNDERTAKER Harry A. Nuttle

(Address) 410 E Lemmondson Ave

20. FILED ..... 19 ..... Registrar.

NOV 1 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937 to Nov 5, 1937

I last saw her alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1920
Acute decompensation	10-15-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Lewis M.D.

(Address) University Hospital

✓ F 10663

10663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-323 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N. Bradford St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of [redacted] city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis P. Dorbert.

(a) Residence: No. 19 N. Bradford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Dorbert.

6. DATE OF BIRTH (month, day, year): May 24-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	19 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Last Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Casper Dorbert.

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Katie Bardenfelder

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mrs Mary Dorbert.
(Address) 19 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Rosary Date 11-8-37

19. UNDERTAKER: Wendell C. Humphreys
(Address) 25-01 N. Broadway

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937, to Nov 5, 1937.

I last saw him alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1936
Tuberculous Meningitis	Oct 25 1937

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Virgilio M. D.

(Address) 2 Market St Lansdale

10664

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10664

CERTIFICATE OF DEATH

V 178-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital Ward 22 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Zenovey Tarason

(a) Residence: No. 231 S. Green St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Carroll Tarson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Austen Green

(Address) 1432 Richardson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Date 11/8/37

19. UNDERTAKER Alan L. Hopkins

(Address) 150 E Fort Ave

Huntington Williams, M.D.

NOV 8 - 1937

BALTIMORE, MD.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Gas,	
(Illuminating	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident. In Nov. 5, 1937 19

Where did injury occur? 231 S. Green St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pot Cabbage boiled over

Nature of injury but was out while he was a

24. Was disease or injury in any way related to occupation of deceased? Sleep

If so, specify

(Signed) H.C. Nelson, M. D. Coroner

(Address) 2757 W. North

V S 6

10665

HEALTH DEPARTMENT—CITY OF BALTIMORE

10665

CERTIFICATE OF DEATH 24-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 McDonough St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland Cleaton

If U. S. Veteran specify WAR

(a) Residence: No. 1711 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Cleaton

6. DATE OF BIRTH (month, day, year) Dec 17-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Broadnax Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Edna Cleaton

(Address) 1021 Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laycross Va Date Nov-9 1937

19. UNDERTAKER Mrs. C. E. Elliott-Dugan

(Address) 1125 N. Caroline St.,

20. FILED NOV 8 - 1937 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by such inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Nov 5 1937

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Adams M. D.

Coroner

(Address) 50 Panama St

M. D. B. 268-9

10663 HEALTH DEPARTMENT—CITY OF BALTIMORE 10666

CERTIFICATE OF DEATH V 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. 21-25 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William C. Black.

(a) Residence: No. 852 Ramsay St (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Elizabeth M. Black.

6. DATE OF BIRTH (month, day, year): Feb 28-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. P. A.

10. Date deceased last worked at this occupation (month and year): Nov 6-1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St. Louis Mo.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Elizabeth Black

(Address) 852 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk. Date: Nov 8 1937

19. UNDERTAKER: Geo. L. Berger Jr

(Address) 1012 Collins St.

20. FILED 19 Huntington Williams, M. D.

NOV 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 4-37 10 A.M. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, [illegible] thereon and from the evidence obtained by me [illegible] (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Rib	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Nov 4 19 37

Where did injury occur? Wash. Blvd near Brentwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place: Street

How was injury sustained? Struck by auto while crossing street

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Herbert W. Gardner Auto M. D.

Coroner

(Address) 907 N. Charles St.

OCCUPATIONS IS VERY IMPORTANT

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

f40667 V 186-37 40667

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Dobson (Mary Regina Dobson) U.S. Veteran Specify WAR

(a) Residence: No. Rolling Road, Relay, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Relay, Maryland

FATHER

13. NAME Roy Penn Dobson

14. BIRTHPLACE (city or town) (State or country) Gloucester County, Virginia

MOTHER

15. MAIDEN NAME Emma C. LeGourde

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Ross Coope
(Address) Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lourion Park Cem. Date Nov. 9 1937

19. UNDERTAKER L. B. Cook
(Address) [illegible] W. Baltimore St.

20. FILED NOV 8 - 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Cellulitis Septicemia	Nov 4 37
Other contributory causes of importance: Fracture right Humerus	Nov. 4 37

Was an operation performed? yes Date of Nov. 4 37

For what disease or injury? Open reduction Fracture

Name of operation Open reduction Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 4 1937

Where did injury occur? Relay Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell from step ladder

Nature of injury Fracture r humerus

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin J Hanna M. D. Coroner

(Address) 1827 E Baltimore St

10668

HEALTH DEPARTMENT—CITY OF BALTIMORE

#27812 SF 10668

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? 44 yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Doerfler

(a) Residence: No. 102 S. Durham St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 7/23/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 9th 1937

19. UNDERTAKER George A. Kuth Inc.

(Address) 1735 Hanford Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-37, 1937, to 11-6, 1937

I last saw her alive on 11-6, 1937 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caremoma of Stomach	Unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 11-3-37

For what disease or injury?

Name of operation Gastrectomy

What test confirmed diagnosis? X-ray & Surg. Was there an autopsy? NO

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

10669 CERTIFICATE OF DEATH 131 F 10669

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3605-Harford Road St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. yes mos. ... ds.

2. FULL NAME Elizabeth Kurtz

If U. S. Veteran specify WAR no

(a) Residence: No. 3605-Harford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johann Kurtz

6. DATE OF BIRTH (month, day, year) 4/29/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Binder

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Theress ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mr. Samuel Kurtz
(Address) 3605-Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 11/8/37

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1765-Harford Ave.

20. FILED NOV 8 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Nov 5, 1937

I last saw her alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Arteriosclerosis	
Right Hemiplegia, Chr. Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C. Manninger M.D.

(Address) 800 E North Ave

10670 HEALTH DEPARTMENT—CITY OF BALTIMORE 10670

CERTIFICATE OF DEATH

✓ 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210-E. Biddle Street St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Keough

If U. S. Veteran specify WAR no

(a) Residence: No. 1210-E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Keough

6. DATE OF BIRTH (month, day, year) 4/18,1855

7. AGE Years	Months	Days	If LESS than 1 day XXXXXXX or min.
82	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Nixon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Labby

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT James Wiedefeld

(Address) 1210-E. Biddle Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Inc. 11/10/1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1733-Harford Ave.

20. FILED NOV 8 - 1937 H. Eston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Nov. 7, 1937

I last saw her alive on Nov 6, 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — Date of onset

Vascular Renal Disease

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James S. Nixon M. D.

(Address) 1206 E. Preston St

10671 HEALTH DEPARTMENT—CITY OF BALTIMORE 10671

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Myrtle Ave St., 17-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie E Lunsted

(a) Residence: No. 1237 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Lunsted

6. DATE OF BIRTH (month, day, year) March 17, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lewis Smyth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Engell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Peter Lunsted (Husband)
(Address) 1237 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place F.H. Cochran Date 11/8, 1937

19. UNDERTAKER Edward F. Pease & Son
(Address) 23 W. Preston

20. FILED NOV 8 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1937, to Nov 6, 1937

I last saw h[illegible] alive on Nov 6, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Oct 31, 1937

Other contributory causes of importance: Chr. Parenchymatous Nephritis — Interval unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

40672 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 40672

CERTIFICATE OF DEATH V 160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 27-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Fruchtbaum

(a) Residence: No. 4064 Park Heights St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year): 11-7-37

7. AGE: Years | Months | Days | If LESS than 1 day, 13 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: David Fruchtbaum

14. BIRTHPLACE (city or town) (State or country): Altoona, Pa

MOTHER

15. MAIDEN NAME: Hilda Cuson

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: David Fruchtbaum

(Address): 4064 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place: Adler Funeral Date: 11-9-37

19. UNDERTAKER: Jacob Levine Inc

(Address): 1439 E. Baltimore St.

NOV 9 - 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 12:30 P.M. 11/7, 1937, to 1:45 P.M. 11/7, 1937

I last saw h[illegible] alive on 1:45 P.M. 11/7, 1937. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral injury ?

Date of onset

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Levas, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40673

CERTIFICATE OF DEATH

94-BF 40673

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. McLaughlin

If U. S. Veteran specify WAR .....

(a) Residence: No. 613 E 30th St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bessie L McLaughlin

6. DATE OF BIRTH (month, day, year) Nov 29 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Co

10. Date deceased last worked at this occupation (month and year) Nov 5 1937

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas F McLaughlin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ella Cotter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Bessie L McLaughlin

(Address) 613 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Mt Cathedral Cemetery Date Nov 9 1937

19. UNDERTAKER Edgar D Conklin & Son

(Address) 1242 Eutaw St

20. FILED NOV 9 1937 H. E. Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest or Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest or Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 5

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Wolf M. D.

(Address) 1331 E Madison Ave Coroner

F 10674

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10674

CERTIFICATE OF DEATH

Registered No. 16-4 92-W

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1004 McKean av St. ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Mary Edell

(a) Residence: No. 1004 McKean av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Edell

6. DATE OF BIRTH (month, day, year) Jan 1-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C C D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Buttner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Andrew Edell
(Address) 1829 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cemy Date Nov 10, 1937

19. UNDERTAKER Edward W. Coughlin
(Address) 1 E. Hoffman St Huntingdon Pennsylvania

NOV 8 - 1937

(Filed) ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937 to Nov 6, 1937
I last saw her alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular Heart disease — Date of onset ...

Other contributory causes of importance:

Exhaustion

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Luigi S. DiStefano M. D.

(Address) 407 N. Exeter St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27961--RHW

40675 F 40675

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME ~~Augustine~~ Augustus Gross

(a) Residence: No. 1107 Argyle Ave. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/1/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Gross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorcas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Nov. 5 '37

19. UNDERTAKER Mrs. George H. Holland

(Address) 163 Druid Hill Ave

FILED NOV 8 - 1937 [illegible] Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1937 to 11-5, 1937

I last saw him alive on 11-5, 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gall Bladder	[illegible]
Sub-hepatic abscess	[illegible]
Generalized peritonitis	[illegible]

Other contributory causes of importance:

Was an operation performed? yes Date of 11-2-37

For what disease or injury?

Name of operation Cholecystostomy

What test confirmed diagnosis? Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lt. Woodward M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40676 CERTIFICATE OF DEATH ✓ 94-B F 40676

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 2-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? 17 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME 2037 E. Pratt St.

(a) Residence: No. Stanley Wlodarczyk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Wlodarczyk

6. DATE OF BIRTH (month, day, year) 1895 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lukens

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Lukens

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Wlodarczyk
(Address) 2037 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS, CEM. Date November 9th 1937

19. UNDERTAKER Eugene A Weber
(Address) 705 S Ann Street

Filed 19 [illegible] Registrar

61-8 AON

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Ahrenbeck Coroner M. D.

(Address) 1917 E. Monument

M. D. B. 1268-9

10677

HEALTH DEPARTMENT—CITY OF BALTIMORE

10677

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Josephine T. Miller

(a) Residence: No. Cedar Point, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph A. Miller

6. DATE OF BIRTH (month, day, year) Nov. 14, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME George H. Porter,

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mr. Joseph A. Miller
(Address) Cedar Point, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov. 10, 1937

19. UNDERTAKER Frederick Boehm & Son
(Address) 7401 Belair Road

NOV 8 - 1937

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased (from , 19 to , 19)

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1917 E. North Ave.

F. J. Otenasek

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

336907 / E 10678 / 1229 E 10678

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Hughes

(a) Residence: No. 1802 E Madison St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Black | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Hughes

6. DATE OF BIRTH (month, day, year) 7-4-92

7. AGE: Years 45 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Jolley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz Hughes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cmty Date 11-9-1937

19. UNDERTAKER Mrs Ida Bailey
(Address) 1621 Jefferson St.

NOV 8 1937 . 19 ... Registrar ...

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937 to Nov 5, 1937

I last saw her alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

Strangulated femoral Hernia — Date of onset 10-29-37
& necrotic ileum
Intestinal obstruction. — 10-29-37

Other contributory causes of importance:
Arteriosclerotic C.V. disease & myocardial insufficiency.

Was an operation performed? Yes Date of 11-2-37

For what disease or injury? Strangulated Hernia

Name of operation Repair of Strang. Hernia; Resection of ileum

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Otenasek, M. D.

(Address) Johns Hopkins Hospital

40679 F 40679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N. Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lessie Jessie

(a) Residence: No. 1301 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Boykin Jessie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	—	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

FATHER

13. NAME Garnett Prince

14. BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

MOTHER

15. MAIDEN NAME Annie Loyd

16. BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

17. INFORMANT Annie Loyd
(Address) 1301 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 11-9 37

19. UNDERTAKER Charles H. Burkett
(Address) 528 Lanvale St

20. FILED NOV 8 - 1937 (Registrar) (Deputy Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1937 to Nov 5 1937

I last saw her alive on Nov 5 1937 Death is said to have occurred on the date stated above, at 1155 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance: Constipation	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If ... (Signature) Fred Woolverde M. D.

(Address) 703 W. Lafayette Ave

✓ F 10680

10680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Caroline St. 3-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Comer

(a) Residence: No. 311 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Comer

6. DATE OF BIRTH (month, day, year) 12-10-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 170

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Morgan

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Nora Colbert

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ethel Carroll
(Address) 311 S. Bethel

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 11-9- 1937

19. UNDERTAKER By Robt Mamy & Wright
(Address) 1218 Caroline St.

20. FILED NOV 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1937 to Nov. 6 1937

I last saw h[illegible] alive on Nov. 6 1937 Death is said to have occurred on the date stated above, at 3A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 11-2-37

Other contributory causes of importance:

Acute Dilatation of Heart

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. L. Lemmy M. D.

(Address) 1420 E. Chase

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10681 CERTIFICATE OF DEATH 131 F 10681

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 872

CITY OF BALTIMORE: (No. Bay View St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Martin (If U. S. Veteran specify WAR)

(a) Residence: No. 830 E. W. Pratt St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Martin dead

6. DATE OF BIRTH (month, day, year) June 24 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME William Martin, dead

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Lucy Busaraga (dead)

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Patients (Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer cemetery Date Nov. 9 1937

19. UNDERTAKER Chas. P. Kuhlmann (Address) 622 S. Paca St.

20. Filed Nov 9 1937 Huntington Williams, Registrar

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Autopsy) thereon and from the evidence obtained by said Inquest (Inquest or Autopsy) find that said deceased came to death on the day stated above.

Inquest Inquest

Luis

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	1 year
Uremia	3 days

Other contributory causes of importance: Hypertension Cardio Vascular disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. (Attending)

(Address) 1712 N. Broadway

10682

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-10682

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Hosp Dr 210-M Registered No.

CITY OF BALTIMORE: (No. 25 S. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, five yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas A. Koerber — U. S. Veteran (specify WAR)

(a) Residence: No. Stonehouse Cove, East Brooklyn Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Koerber

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Frances Wood

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frances Wood (Mother)
(Address) Stonehouse Cove, East Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov. 8th 19 37

19. UNDERTAKER A. Howard Evans
(Address) 400 E. Charles St.

NOV 8 - 1937 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 - 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Nov 5 19 37
Where did injury occur? Gatons Ave near Brown Rd (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Brief description of injury Boy ran into boy on Bicycle

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fulton G Gurley Autop M. D.
(Address) 907 N Capitol Ave

10683 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10683

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Hollins St., 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stamm

(a) Residence: No. 2506 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Joseph Stamm

6. DATE OF BIRTH (month, day, year) May 15, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Joseph O. Stamm
(Address) 2506 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Alphonsus Cem Woodstock, Md. Date Nov 9, 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED NOV 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937. to Nov. 4, 1937.

I last saw her alive on Nov. 4, 1937. Death is said to have occurred on the date stated above, at 9.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio - Vascular disease	?
Other contributory causes of importance: Broncho pneumonia	11/1/37

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Anthony V. Bruhns M. D.

(Address) 37 S. Dithridge St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10681 — 157-B — 10681

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St.) (Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll Albert Grimes

If U. S. Veteran specify WAR

(a) Residence: No. 3019 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert L. Grimes

14. BIRTHPLACE (city or town) (State or country) Grimes Sta. Co. Md.

MOTHER

15. MAIDEN NAME Eliz. L. Rolston

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Albert L. Grimes
(Address) 3019 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date 11/10/37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED NOV 8 - 1937 Huntington Indiana, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1937 to 11-7, 1937

I last saw HIM alive on 11-7, 1937. Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Excessed entra-cranial pressure	
Other contributory causes of importance: mal-nutrition	

Was an operation performed? yes Date of 10-26-37

For what disease or injury? Spina Bifida

Name of operation Repair of spina Bifida

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Elton Reamick, M. D.

(Address) South Balto. Gen Hosp

10685 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10685

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Grantly Rd. St., 15-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida E. Wood

(a) Residence: No. 2920 Grantly Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wood

6. DATE OF BIRTH (month, day, year) June 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Lipscomb

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ----

16. BIRTHPLACE (city or town) (State or country) ----

17. INFORMANT Gertrude Lunze
(Address) 2920 Grantly Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 11/9/37

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED NOV 8 - 1937 Huntington Williams, Registrar 11/8/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1937 to Nov. 7 1937

I last saw her alive on Nov. 7 1937 Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cirrhosis of liver (non alcoholic)	Indefinite
Other contributory causes of importance: Acute dilatation of heart	11/6/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed R. E. L. Campbell M. D.

(Address) 1644 S. Hanover St. 11/8/37

LKL

Spec. 8-16-39—L. F. S.—100 Bks.

40686

F 40686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 873 Franklin ST. 17 WARD)

2—FULL NAME John Boyd

(a) RESIDENCE NO. 873 Franklin St ST. 17 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1913

7 AGE — Years: 24 | Months: 9 mos | Days: 10 ds | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: John Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Millie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Millie Boyd

(Address) 873 N. Franklin St

15 Filed 1937 Huntington Williamsport, N.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—1[illegible]5 A.M.

17 I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1937, to Nov 7th, 1937, that I last saw h[illegible] alive on Nov 7th, 1937, and that death occurred, on the date stated above, at 4:45 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carter, M. D.

, 19 (Address) 726 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov 10, 1937

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS 322 S Schroeder St

10687 ✓ E 10687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Vernon Cecil Ballard If U. S. Veteran specify WAR

(a) Residence: No. 309 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) June 3, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Ballard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maggie Davis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Selma Wise

(Address) 1015 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Nov. 9, 37

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED 19 (Registrar)

11-9-1937 E. E. for Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inquiry & Autopsy	
Inquiry & Autopsy	
Died	
Thrombosis of Cavernous Sinus	
Sphenoid Sinusitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 14, 1937

For what disease or injury Remove Steel from L. Eye

Name of operation Removed the Left Eye Date Oct. 14, 193

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ? , 19

Where did injury occur? Balto. Copper Co. Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Steel Chip struck him in Eye

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Chip struck him in Eye

(Signed) [illegible] M. D. Coroner

(Address) 2757 N. Howard

10688

HEALTH DEPARTMENT—CITY OF BALTIMORE

10688

CERTIFICATE OF DEATH

943

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 W Baltimore St., (Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey A. Louis Baker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1316 W Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Baker

6. DATE OF BIRTH (month, day, year) Jan 26 65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allentown Pa.

FATHER

13. NAME Frederick Baker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cora Sarah Schuhmann

(Address) 1316 W. Balto. Street

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 10 1937

19. UNDERTAKER Harry A. Armacost & Son

(Address) 4204 Ridgewood Ave

FILED NOV 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 7 37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Martin Hanna M. D.

(Address) 1822 W Baltimore St

10689 ✓ F 10689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Eliza Montgomery Bruce

(a) Residence: No. 1425 Brice St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, give hrs. or min.
				23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) balto. md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 8 - 1937, 19

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED NOV 8 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Diseas of Noeborn	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. K. Cullen, M. D.

Coroner

(Address) 2757 W. Lom

V S 6

Nov 8 1937 Registrar's Office

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40690 CERTIFICATE OF DEATH 340-23 F 40690

Registered No. 12-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosritals St. 12-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(27610)

If U. S. Veteran specify WAR

2. FULL NAME Virginia Hawkins

(a) Residence: No. 320 E. Worsley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes Dyson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11-9 1937

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

NOV 8 - 1937 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1937 to November 4, 1937

I last saw her alive on November 4, 1937 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. G. Cassell M. D.

(Address) Balto. City Hospitals

10691 HEALTH DEPARTMENT—CITY OF BALTIMORE 10691

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., E-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George Battersby

(a) Residence: No. 2137 W. Oliver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed or divorced~~ HUSBAND of Lillie Battersby

6. DATE OF BIRTH (month, day, year) June 28, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing factory

10. Date deceased last worked at this occupation (month and year) 3 36

11. Total time (yrs.) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Chesapeake City Maryland

FATHER

13. NAME Robert Battersby

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Kate McTomney

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs. Lillie Battersby

(Address) 2137 West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bank Loan Cemetery Date Nov 10 1937

19. UNDERTAKER Joseph Carden

(Address) 420 N. Fulton Ave

20. FILED 19 Registrar

Huntington Mitchell & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1937 to Nov. 8, 1937

I last saw him alive on Nov. 7, 1937. Death is said to have occurred on the date stated above, at 4.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

F 40692

40692

Sept. 1931 – M&T – 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Penrose Ave St. 20-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B. Bagle

(a) RESIDENCE NO. 2234 Penrose Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Henry G. Bagle

6 DATE OF BIRTH (month, day, and year): Oct 16 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	-	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Martinsburg W. Va.

PARENTS

10 NAME OF FATHER: James Davern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nora Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Bertha Johnson

(Address) 2234 Penrose Ave

15 Filed NOV 8 1937, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6th 1937

17 I HEREBY CERTIFY, That I attended deceased from July, 1933, to Nov 6, 1937.

that I last saw h alive on Nov 5, 1937.

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Thurlow E Stacy, M. D.

, 19 (Address) 3803 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov 8 1937

20 UNDERTAKER: John F Denny.

ADDRESS: 715 Light St

THIS is very important. See instructions on back of certificate.

F 40693

406933 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-B

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~John's Hokin's Hosp.~~ St. 7-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Karl E. Kranka~~

(a) RESIDENCE NO. ~~2616 Jefferson St.~~ St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda M. Kranka

6 DATE OF BIRTH (month, day, and year) Mar. 4-1887

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	50	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Kranka

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Rhoda M. Kranka

(Address) 2616 Jefferson St.

15 FILED 19 [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) November 5-1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Cardiac Failure

(duration) yrs. mos. ds.

(Signed) Paul Schenker M. D.

(Coroner)

19 (Address) 1912 North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. Date of Burial Nov. 9 19 37

20 UNDERTAKER J. A. Miller ADDRESS 2334 Jefferson St.

9-1937 Thos. E. Huntington Coroner

0694

HEALTH DEPARTMENT—CITY OF BALTIMORE

0694

CERTIFICATE OF DEATH

V 45-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lowman

(a) Residence: No. Odenton, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia Oden

6. DATE OF BIRTH (month, day, year) May 5th 1868 Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) 1936

How long (years or months) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Lowman

11. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Margaret Beall

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles Lowman

(Address) Odenton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Odenton Md. Date Nov. 11th 37

19. UNDERTAKER Ford Causey

(Address) Laurel Md.

FILED 9 - 1937 Huntington Indiana, Nov 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1937 to Nov 8 1937

I last saw h/M alive on Nov. 5 1937 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of jaw	1930
Bronchopneumonia	11/4/37
Other contributory causes of importance: Osteomyelitis of jaw	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis E. Dickey M. D.

(Address) University Hospital

8

F 10695

HEALTH DEPARTMENT—CITY OF BALTIMORE 10695

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1320 N. Central Ave (Street)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Laura E. Wilson

(a) Residence: No. 1320 N. Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): Feb 20 1863

7. AGE: Years 74 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1937

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Ephraim Manlove

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rachel Pierce

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Florence Fiala

(Address) 1320 N. Central

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 10 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED 19

Registrar.

NOV

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/8 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1935 to Nov 8 1937

I last saw h. alive on Nov. 8 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11/8/37
congestive heart failure.	8/13/37
Auricular fibrillation	8/13/37
arteriosclerosis coronary disease	?
	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Silicuff M. D.

(Address) 714 E. Preston St.

106996

HEALTH DEPARTMENT—CITY OF BALTIMORE

106996

CERTIFICATE OF DEATH

V 107-a

Registered No. 8-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N. Broadway Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Elizabeth W. Coulter

(a) Residence: No. 1625 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John F. Coulter

6. DATE OF BIRTH (month, day, year) April 30th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John P. Williams

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ann Jones

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John F. Coulter

(Address) 1625 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

NOV 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Nov 8th 1937

I last saw he alive on Nov 7 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/6/37 — 5 yrs

arthritis deformans. — 5 yrs

Other contributory causes of importance: arteriosclerosis - hypertension — 5 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Usual clinical evidence Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis F. Krumm M. D.

(Address) 722 No. Hamond St.

10697 HEALTH DEPARTMENT—CITY OF BALTIMORE 10697

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 E. Lanvale St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stephen Cole

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1808 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Emma Cole

6. DATE OF BIRTH (month, day, year) Jan 18th 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. Wm Cole

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amanda Hirth

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Emma Cole

(Address) 1808 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 10th 1937

19. UNDERTAKER Williams & Cook

(Address) 1217 St Paul St

20. FILED NOV 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~November~~ Aug 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/29/ 1937 to 11/11 37 1937

I last saw h~~im~~ alive on 11/6/ 1937. Death is said to have occurred on the date stated above, at 2¼ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	7/29/37
Other contributory causes of importance: Cardiac insufficiency.	11/7/37

Was an operation performed? X Date of

For what disease or injury?

Name of operation Renal laboratory test. Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo A Lauter M. D.

(Address) 1517 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40698

CERTIFICATE OF DEATH

V 34-96

F 40698

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Monastery Ave 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George B. Wilson

(a) Residence: No. 327 N. Monastery Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~single~~, Married, ~~widowed~~, or ~~divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret A. Wilson

6. DATE OF BIRTH (month, day, year) Jan 29th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME James W. Wilson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Bye

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margaret P. Wilson

(Address) 327 N. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1937 to Nov. 7 1937

I last saw him alive on Nov. 7 1937 Death is said to have occurred on the date stated above, at 10:30 ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurysm	4 Wks ??
Angina	
Other contributory causes of importance: Hemorrhage, rupture of aorta	11/7/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. M. Blumberg M. D.

(Address) 1000 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

40693 — CERTIFICATE OF DEATH — 27487--C — F 40693

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-L Ward) 65yrs

Registered No. 195-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Geckie

If U. S. Veteran specify WAR No Record

(a) Residence: No. 726 N. Fulton Av. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick(D) Geckie

6. DATE OF BIRTH (month, day, year) 11-15-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 00

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Sutton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Gardner

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 10th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19... Registrar.

NOV 9 - 1937 Huntington Hillman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-37 . 19...

22. I HEREBY CERTIFY, That I attended deceased from 10-14 . 1937 . to 11-7 . 1937.

I last saw her alive on 11-7 . 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure & Auricular Fibrillation	October
Thrombosis right Femoral artery	11/5
Arteriosclerotic Gangrene right foot	11/5

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-6-37

For what disease or injury?

Name of operation Mid thigh amputation right

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E.K. Woodward Jr. M. D.

(Address) Balto. City Hosp

40700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40700

CERTIFICATE OF DEATH

✓ 106-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 200 East 20th St. (or) 12-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME James M. Welch
(a) Residence: No. 200 East 20th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Welch
6. DATE OF BIRTH (month, day, year) Aug 27-1852
7. AGE Years 85 Months 2 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month, year) 1917
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME James M. Welch
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Anderson
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lilly B. Welch
(Address) 200 East 20th St

18. BURIAL, CREMATION, OR REMOVAL Date Nov. 9 1937
Loudon Park Cem

19. UNDERTAKER Wm. Cook
(Address) 1217 St Paul Street

NOV 9 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1937 to Nov 7 1937
I last saw him alive on Nov 6 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Hypertension Chr Bronchitis	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
... M. D.
(Address) 1123 St. Paul St.

10701 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10701

CERTIFICATE OF DEATH

95-B Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Holbrook St., 9-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Miller

(a) Residence: No. 1315 Holbrook St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of ~~last WIFE of~~ Louise Miller

6. DATE OF BIRTH (month, day, year) Oct 2 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cons Gas & Elec Co

10. Date deceased last worked at this occupation (month and year) Oct 37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

FATHER

13. NAME Miller

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Louise Miller

(Address) 3019 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 11th 1937

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED NOV 9 - 1937 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.8. 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15 1937 to 11.8 1937

I last saw him alive on 11.7. 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 11/3/37

Other contributory causes of importance: Arteriosclerotic Cardiovascular Disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? C E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph S. Bluson M. D.

(Address) 1206 E. Preston St

SUBER

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10702 ✓23 F 10702

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1230 E Madison St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Suber

(a) Residence: No. 1230 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hebb Suber

6. DATE OF BIRTH (month, day, year) July 28, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C. S.C.

FATHER

13. NAME Charley Bates

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Sallye Lee

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hebb Suber
(Address) 1230 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Park 11-10 1937

19. UNDERTAKER Mrs P. A. Elliott-Lafite
(Address) 1129 N. Carolina St

20. FILED 11-10-1937 Harlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to Nov 7, 1937

that saw h alive on Nov 6, 1937. Death is said to have occurred on the date stated above, at 12.20 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. C. — Date of onset June 1937

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Harris M. D.

(Address) 1207 N Caroline St

Norma Owens

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10703

CERTIFICATE OF DEATH

F 10703

Registered No. 56

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 13-3 Ward)

Length of residence in city or town where death occurred 1yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norma Owens

(a) Residence: No. 2248 Madison St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced (or) WIFE of Norris

6. DATE OF BIRTH (month, day, year) 6/16/17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elmer Goodrich U.S.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Beatrice Johnson D.C.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Records. Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/9/37

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Broadway

21. FILED NOV 9 - 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937 to Nov. 5, 1937

I last saw her alive on Nov. 5, 1937. Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	Sept 22 1937
Acute rheumatic fever.	

Other contributory causes of importance:

Was an operation performed? Yes No If so, date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter B. Bunch, M. D.

(Address) Johns Hopkins Hosp.

53

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40704 — CERTIFICATE OF DEATH — 82-a — F 40704

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Mosher St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jones Bevans

If U. S. Veteran specify WAR ...

(a) Residence: No. 1505 Mosher St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alvin Bevans

6. DATE OF BIRTH (month, day, year) Unknown 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Nellie Peers (Address) 1505 N. Mosher St

18. BURIAL, CREMATION, OR REMOVAL Place Tributa Cemtery Date 11/9 37

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Presstman St

FILED ... 19... Registrar ...

NOV 9 - 1937 Huntington Wallace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Nov 6, 1937

I last saw h... alive on Nov 6, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1937
Other contributory causes of importance: Arteriosclerosis	1932

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) H. Easley M. D.

(Address) 1307 Eutaw

M. D. P. 1268-9

LUPTON

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40705 — CERTIFICATE OF DEATH — 49-a — F 40705

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) 141 S. Hilton St. (St.) 70-L (Ward) — Registered No. — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Lupton

(a) Residence: No. 141 S. Hilton St. St., Ward. 20 — (Usual place of abode) — (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edw Lupton

6. DATE OF BIRTH (month, day, year) June 2 - 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Annie Patchke

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edw Lupton (Address) 141 S Hilton

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 9, 1937

19. UNDERTAKER John Ulrich & Sons Assn (Address) Huntington Williams, N.Y.

NOV 9 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 19 37 to November 7, 1937

I last saw her alive on November 6 1937. Death is said to have occurred on the date stated above, at 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
Carcinoma of Rectum	
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation Laparotomy Date of 5/31/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Colburn M. D.

(Address) 244 N. Hilton St

10706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

10706

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Richard Sullene

If U. S. Veteran specify WAR .....

(a) Residence: No. 1629 Eastern Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15/85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Safety Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevators

10. Date deceased last worked at this occupation (month and year) Nov 6, 1937

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James A Sullene

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Geo Gruber

(Address) 171 Dalley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 9 1937

19. UNDERTAKER John Lederich

(Address) 2005 Aliceanna St

20. FILED NOV 9 - 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-6-37
Hypertension Cardiovascular Renal Disease	1927

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil E Wolfe M. D.

(Address) 131 E North Ave

V 8 8

Colson

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40707

CERTIFICATE OF DEATH

92-d F 40707

Registered No. 10-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Fairchild Colson

(a) Residence: No. Little Sisters of the Poor St., Ward.
(Usual place of abode) city (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 22 June 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Southampton England

FATHER

13. NAME John Colson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Ellis Fairchild

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Supt

(Address) 1200 Valley St City

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 10. 1937

19. UNDERTAKER Rita Wiedefeld

(Address) 9 1/2 Commonwealth Ave Huntington Williamson, W. Va.
Registrar

NOV 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 - 1937

22a. I HEREBY CERTIFY, That I attended deceased from June 1936 to Nov 8 1937

I last saw him alive on Nov 5 1937. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Cachexia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10708 — 93-E 10708 — Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 615 E Chase St St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore J Meyers — If U. S. Veteran specify WAR

(a) Residence: No. 615 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Conboy

6. DATE OF BIRTH (month, day, year) Nov 25/1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston S.C

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) S C.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mrs Irene Meyers
(Address) 615 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov. 10 37

19. UNDERTAKER Rita Wiedefeld
(Address) Greenmount Ave

20. FILED NOV 9 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from October 26 1937 to Nov. 8 1937

I last saw him alive on Nov. 8 1937 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis Myocarditis	10/26/37
Other contributory causes of importance: Bronchitis	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. MacMunchy M. D.

(Address) 1116 Greenmount Ave Baltimore Md

E 40709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40709

CERTIFICATE OF DEATH

186-a

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 5-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Baker

(a) Residence: No. 154 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Common-law wife Mary Elizabeth Baker

6. DATE OF BIRTH (month, day, year) Oct 25 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation, (month and year) about 3 mos ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Elizabeth Baker (Address) 154 East St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 11/10 1937

19. UNDERTAKER Joseph G. Locke (Address) 1 Eutaw St.

NOV 9 1937

19 Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Nov. 6 1937
Burns on both hands and right leg	1934

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 1934

Where did injury occur? 235 East St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 235 East St.

Manner of injury Fell over egg stove

Nature of injury Burns on both hands and right leg

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood Coroner M. D.

(Address) 1712 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10710 CERTIFICATE OF DEATH 59 27622 F 10710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME May Vivian

If U. S. Veteran specify WAR .....

(a) Residence: No. 18 N. Stricker st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Vivian

7. DATE OF BIRTH (month, day, year) 5-12-1887

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pd 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME William McDowell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Joanna Petticord

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Cem Date 11/11/37

19. UNDERTAKER John J. Govan & Son
(Address) 901 Hollins St

20. FILED 11 9 1937 Hunter Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1937, to 11-8, 1937

I last saw her alive on 11-7, 1937. Death is said to have occurred on the date stated above, at 4:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	11/3/37
Diabetes mellitus	Unknown
Gangrene foot - arteriosclerotic	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 10-21-37

For what disease or injury?

Name of operation Mid thigh amputation. left

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10711

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Calvert St., 11-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Frances Cox Pattison

If U. S. Veteran specify WAR

(a) Residence: No. 1101 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard Keene Pattison

6. DATE OF BIRTH (month, day, year): July 17th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charleston S. C.

FATHER

13. NAME: Dr. Peter Samuel Michaux Post

14. BIRTHPLACE (city or town) (State or country): Charleston S. C.

MOTHER

15. MAIDEN NAME: Mary Elizabeth Swift

16. BIRTHPLACE (city or town) (State or country): Charleston S. C.

17. INFORMANT: Edward L. Pattison

(Address) 931 N. Calvert St. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: 11/10-1937

19. UNDERTAKER: Henry W. Justice Son Co

(Address) 1st Calvert & Fayette

FILED 19 Registrar

NOV 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to Nov 8th, 1937

I last saw h[illegible] alive on Nov 7, 10:45 A.m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	?
	?
Other contributory causes of importance: Myocardial disease	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Larned, M. D.

(Address) 1327 Park Ave

F 10712

10712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Kenneth Unger

(a) Residence: No. 660 Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Elmer Unger

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Laur Betz

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Edwin Unger

(Address) Federalsburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Johnstown Pa. Date Nov. 11 1937

19. UNDERTAKER J. J. Trampton & Son

(Address) Federalsburg Md.

FILED 19 (Registrar)

NOV 13 1937 A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
2 Degree Burns onf Body and Legs, Hand	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury Nov. 5, 1937

Where did injury occur? 319 Ringgold St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Repairing Gasoline Pump when Solvent Cleaning Fluid exploded

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured while Working

(Signed) [illegible] M. D.

(Address) 2757 N. Monroe

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10713 — 95-a 10713

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. Madeira St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wenceslaus Podgornik — If U. S. Veteran specify WAR

(a) Residence: No. 431 N. Madeira St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Podgornik

6. DATE OF BIRTH (month, day, year) March 3

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anthony Podgornik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josephine Yovacek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Helen Podgornik
(Address) 431 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 11 1937

19. UNDERTAKER Frank Gracchon Son
(Address) 1906 Eastern Ave

20. FILED ... 19 ... Registrar.

NOV 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1937 to Nov 7 1937

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	1 year
Chronic	7 days
Edema of Lungs	1 day

Other contributory causes of importance

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John E. Buettner M. D.

(Address) 100 Redwood Place

F 40714

40714 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 157C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Colvin St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Johnson

(a) Residence: No. 234 Colvin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 7-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alfred Johnson

14. BIRTHPLACE (city or town) (State or country) U S

MOTHER

15. MAIDEN NAME Celeste Pearce

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alfred Johnson

(Address) 234 Colvin St

18. BURIAL, CREMATION, or REMOVAL

Place Date 19

UNIVERSITY MEDICAL SCHOOL NOV 9 - 1937

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Nov 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and, from the evidence shown, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Prematurity

Acute Stenosis

Date of onset Nov 9/37

Other contributory causes of importance —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George C. Allen M. D.

(Address) 50 Tansquitto St

36035

HEALTH DEPARTMENT—CITY OF BALTIMORE

40715

CERTIFICATE OF DEATH

93-C F 40715

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Garrison Blv. St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace A. Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 4305 Garrison Blv. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Miller

6. DATE OF BIRTH (month, day, year) Sept. 7/1843

7. AGE 94 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lenoard Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Patterson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Harry A. Anderson

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov. 10, 37

19. UNDERTAKER (Address) George J. Smith 1808 Eutaw Pl.

20. FILED 11 - 1937 Herington Williams, Dep. N.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18/37, 19 to Nov 7, 1937

I last saw h alive on Oct 7, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Oct 4/37
Other contributory causes of importance: arterio-sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Not Performed

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Niblett, M. D.

(Address) 2220 Garrison Blv.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40716

CERTIFICATE OF DEATH

93-C F 40716

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Bolton St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle A. Clotworthy

If U. S. Veteran specify WAR

(a) Residence: No. 1806 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles A. Clotworthy

6. DATE OF BIRTH (month, day, year): Oct. 20 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	----	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Robert C. Andrews

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Sarah A. Whitehouse

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Geo. C Rasch

(Address): 3420 Londawmin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Myersdale Pa. Date: Nov. 11 1937

19. UNDERTAKER: John O. Mitchell & Sons

(Address): 1900 Eutaw Place

FILED: NOV 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3 years, 19, to, 19

I last saw her alive on Nov. 6, 1937 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration.	
Other contributory causes of importance: Arterio Sclerosis.	

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) George A Bayley M. D.

(Address) Cheltenham Rd Glenn Pa

M. D. B. 1268-0

F 10717

F 10717 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 E. West St. 24-3 131 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Julier

(a) Residence: No. 137 E. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances E. Julier

6. DATE OF BIRTH (month, day, year) June 14-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Julier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie D. Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miriam Julier
(Address) 137 E. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb 10 1931

19. UNDERTAKER Edgerton Funeral Serv.
(Address) 1511 E. West St.

20. FILED Feb 10 1931 Mrs. Miriam Julier
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1930

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to Nov 7, 1930

I last saw h alive on Oct 26, 1930. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Other contributory causes of importance:	
Arteriosclerosis	Unk
Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
(Address)

✓ F 40718

40718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-u

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Springfield Ave. St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Margaret Callahan — If U.S. Veteran specify WAR .....

(a) Residence: No. 707 Springfield Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Hugh A. Callahan

6. DATE OF BIRTH (month, day, year) Dec. 27 1877

7. AGE: Years 59 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Joseph Switzer

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mary E. McConnell

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Margaret Callahan
(Address) 707 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date 11/11 . 193

19. UNDERTAKER J. A. Moran
(Address) 3332 E. Baltimore

20. FILED ... 19 ... Registrar

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 . 1937 to Nov 7 . 1937

I last saw her alive on Nov 7 . 1937 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis — Hemiplegia "

Date of onset
Indefinite
Aug 1936
Sept 1937
—
one

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Nathaniel M. Beck M. D.

(Address) 2727 N. Charles St.

40719

HEALTH DEPARTMENT—CITY OF BALTIMORE

40719

CERTIFICATE OF DEATH

27-5 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6911 Harford Rd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha C. Mitchell

(a) Residence: No. 6911 Harford Rd St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William A. Mitchell

6. DATE OF BIRTH (month, day, year) October 25, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	14	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas R. Haman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anner Dutton

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Lou A. Mitchell

(Address) 6911 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Park Date 11 11 37

19. UNDERTAKER George J. Post

(Address) 5305 Harford Rd

20. FILED Nov 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1937 to Nov 9, 1937

I last saw her alive on Nov. 8 37 Death is said to have occurred on the date stated above, at 10 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	May 21 37
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 21-37

For what disease or injury? carcinoma Breast

Name of operation Breast Amputation

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Rd

1 - 1937

10720 ✓ F 10720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3205 Southern Ave. Walbrahon 93-C Registered No.

CITY OF BALTIMORE: (No.) St. 27 Ward 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME C. W. Otto Grove

(a) Residence: No. 3205 Southern Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mame S. Grove

6. DATE OF BIRTH (month, day, year) Feb. 13, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) October 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Otto Grove

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Cunnilleen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mame Grove
(Address) 3205 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 11-11 1937

19. UNDERTAKER Leonard J. Rack
(Address) 5300 Harford Rd

20. FILED 19 Registrar

Nov 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Nov 9 1937

I last saw him alive on Nov. 8 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	July 1937
Other contributory causes of importance: Bronchial Pneumonia	Nov 5 1937

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Peary, M. D.

(Address) 4508 Roland Road

0721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10721

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Madison St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurance Robinson

(a) Residence: No. 1926 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lennie Robinson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber, Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County, Md.

FATHER

13. NAME Lewis Robinson

14. BIRTHPLACE (city or town) (State or country) Carolina Co. Va.

MOTHER

15. MAIDEN NAME Clarissa Robinson

16. BIRTHPLACE (city or town) (State or country) Fauquier Co. Va.

17. INFORMANT Mary Robinson

(Address) Frederick County Md.

18. BURIAL, CREMATION, OR REMOVAL

Frederick Md. Nov 2 37

19. UNDERTAKER Adolphus Halstead

(Address) 926 Edmondson Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry and that said deceased came death on the day stated above. 7 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) C. Ryan Turner M. D.

(Address) 1215 Madison Ave

Spec.—1-30—M. & T.—250 Bks

F 10722 HEALTH DEPARTMENT—CITY OF BALTIMORE

50 F 10722

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 Washington Rd ST. 16-7 WARD)

2-FULL NAME Wilhelmina Bahnsen

(a) RESIDENCE NO. 812 Washington Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Married

3a If married, widowed, or divorced (or) WIFE of Benjamin Franklin Bahnsen

6 DATE OF BIRTH (month, day, and year) Nov 4 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Chas Emrolf

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Pohlmann

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 Informant (Address) B. F. Bahnsen 812 Woodington Rd

15 Filed NOV 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1937

17 I HEREBY CERTIFY, That I attended deceased from 1935 , 19 , to 11-7-37 , 19 ,

that I last saw her alive on 11-7-37 , 19 ,

and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Adeno carcinoma of Breast

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) E. Eugene Cordingly M. D.

, 19 (Address) 2nd Nat'l Bk Bldg Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy

DATE OF BURIAL 11/10/37

20 UNDERTAKER Geo. H. Leimbach

ADDRESS Hollins

10723 ✓ dre 10723

HEALTH DEPARTMENT—CITY OF BALTIMORE

10723

CERTIFICATE OF DEATH

Registered No. 76

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jefferson Cox

(a) Residence: No. Manchester St., Ward, Charles County, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Cox.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hill Top, Charles Co. Date 11/11/37

19. UNDERTAKER Hayes & Peters
(Address) La Plata Md.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937 to Nov. 9 1937

I last saw h[illegible] alive on November 8 1937 Death is said to have occurred on the date stated above, at 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of spine — Date of onset 1936

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Everett S. Diggs M. D.

(Address) University Hospital.

Spec.—2-29-28—L. F. 3.—500 Bks.

10724

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40724

CERTIFICATE OF DEATH

94-B

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST., 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leon A. Tomlin

(a) RESIDENCE NO. 5620 Plymouth Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel A. Tomlin

6 DATE OF BIRTH (month, day, and year) Nov-30-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Locomotive Engineer 9073

(b) General nature of industry, business, or establishment in which employed (or employer) Pennsylvania R.R.

(c) Name of employer Penn. R.R.

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Frank Tomlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mabel M. Tomlin

(Address) 5620 Plymouth Rd (Hamilton)

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1937, to Nov. 7, 1937, that I last saw him alive on Nov. 7, 1937 and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) C. I. Settipani, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Nov. 10 1937

20 UNDERTAKER Milton Schilling 1132 E

ADDRESS Monument Street

F 10725

0725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2564 McCulloh St., 13-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A Montague
If U. S. Veteran specify WAR

(a) Residence: No. 2564 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pattie Montague

6. DATE OF BIRTH (month, day, year) 3/2/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va

FATHER
13. NAME Peter Montague
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Washington
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Pattie Montague
(Address) 2564 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11/11 1937

19. UNDERTAKER Joseph H. Grace & Son
(Address) 2317 N. Eutaw

20. FILED 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1937 to Nov 8 1937
I last saw him alive on Nov 6 1937. Death is said to have occurred on the date stated above, at 4 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	May 1937
Other contributory causes of importance: Hypertension	1935

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Casey M. D.
(Address) 1809 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10726

CERTIFICATE OF DEATH

23 V F 10726

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Somerset St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Franklin

If U. S. Veteran specify WAR .....

(a) Residence: No. 418 Somerset St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 3 - 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Franklin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Rupp

16. BIRTHPLACE (city or town) (State or country) Hartford Co Md

17. INFORMANT Mrs Josephine Franklin

(Address) 41 c Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Harford Mountain Cem Date 11/10/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED ..... 19..... Registrar.

NOV 13 1937 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 — 19 37 to Nov 7 — 19 37

I last saw h— alive on Nov 6 19 37 Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Oct 28 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of Oct 29

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo F Callan M. D.

(Address) 50 Lanvale St

M. D. P. 1268-9

F 10727 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10727

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Dover St. 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hilda Kennard Mason

(a) Residence: No. 629 Dover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: colored | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ William Henry Mason

6. DATE OF BIRTH (month, day, year): May 17, 1912

7. AGE: Years 25 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George Kennard

14. BIRTHPLACE (city or town) (State or country): B. W. I.

MOTHER

15. MAIDEN NAME: Carrie Johnson

16. BIRTHPLACE (city or town) (State or country): Cambridge Md

17. INFORMANT (Address): William Henry Mason 629 Dover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: Nov 11, 1937

19. UNDERTAKER (Address): James A. Stayo 1142 W Hill St

FILED: NOV 13 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11.7.37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10.17.37, 19 to 11.7.37, 19

I last saw her alive on 11.7.37, 19 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	8.10.37

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? X. Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James H. Pair M. D.

(Address) 865 W Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

0728 F 10728

CERTIFICATE OF DEATH

8-7 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Federal St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How Long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Maggie Lula George

If U. S. Veteran specify WAR

(a) Residence: No. 924 E. Federal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry H. E. George

6. DATE OF BIRTH (month, day, year) November 25 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME John F. Kraft.

14. BIRTHPLACE (City or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Margaret Gilster

16. BIRTHPLACE (City or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs. Henry H. E. George 1921 E. Federal St

18. BURIAL, CREMATION OR REMOVAL Baltimore County Date Nov. 11 1937

19. UNDERTAKER (Address) Henry Hoeck & Sons, Inc 301 E. Eager St.

20. Huntington Ave, Baltimore, Md.

NOV 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1937 to 11-7- 1937

I last saw her alive on 11-7-37 5:15 P. m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int Nephritis	2/1/32
Other contributory causes of importance:	
Myocardial Degeneration	11/2/37

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Osmond Miller M. D.

(Address) 1 W 11 Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10729 — CERTIFICATE OF DEATH 28068 (MH) — F 10729

V 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Daniels

(a) Residence: No. 5231 Denmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 5/10/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N K

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Gardens Nov 11 37

19. UNDERTAKER George T. A. Gibson
(Address) 1135 Druid Hill Ave

20. FILED NOV 13 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1937 to November 7, 1937

I last saw him alive on November 7, 1937. Death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-5-37
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10730

CERTIFICATE OF DEATH

✓59 F 10730

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chapel Powell

(a) Residence: No. 306 N. Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Waiter in Night Clubs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10.

12. BIRTHPLACE (city or town) N.C.
(State or country)

FATHER

13. NAME Chas. Powell

14. BIRTHPLACE (city or town) N.C.
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weldon N.C. Date Nov 10 1937

19. UNDERTAKER Chas. E. Cooper
(Address) 5142 Eastern Ave

Huntington Williams, M.D.
Registrar

NOV 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Bolton M. D.
Coroner

(Address) 2732 Howard

V 5 6

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10731

CERTIFICATE OF DEATH

93-4 E 10731

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338 Elmora Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.

2. FULL NAME Wm Scott

(a) Residence: No. 3338 Elmora Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
M	W.	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Matilda Scott

6. DATE OF BIRTH (month, day, year) Apl 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Wm Scott

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Taggart

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Frederick Reed

(Address) 2416 Vendome Court

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 12 37

19. UNDERTAKER Retamyer & Co

(Address) 2232 N. Charles St

FILED Nov 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937 to Nov 8 1937

I last saw him alive on Nov 8 1937 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Other contributory causes of importance: Myocardial Degeneration	1 Mo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Lloyd M. D.

(Address) 4137 Greenmount

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40732

CERTIFICATE OF DEATH

180 F 40732

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 372
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 19-2 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Roberts — If U. S. Veteran specify WAR

(a) Residence: No. 1023 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: William H. Roberts

6. DATE OF BIRTH (month, day, year): Sept. 26-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife Home 10 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Nov. 8-1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Benjamin F. Burns

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Emily Dunham

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William H. Roberts
(Address) 1023 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Date: Nov 10, 37

19. UNDERTAKER: Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED NOV 10 1937 Harrington Williams Registrar

V. S. 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
Attached to said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd and 3rd degree burns over entire body. Shock	6 hours

Other contributory causes of importance: No history

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 8, 1937.
Where did injury occur? 1023 Vine St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Home
Manner of injury: Falling oil stove while lighted
Nature of injury: Burns of entire body

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner
(Address) 1712 N. Broadway

Albert Lee Gross Beckwith

10733 HEALTH DEPARTMENT—CITY OF BALTIMORE #27990

V35BF 10733

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Albert. Lee. Gross Beckwith

If U. S. Veteran specify WAR

(a) Residence: No. 829 Lloyd St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evangeline

6. DATE OF BIRTH (month, day, year) June 23, 1910

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	27	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Malone Beckwith

14. BIRTHPLACE (city or town) (State or country) Hot Springs N C

MOTHER

15. MAIDEN NAME Clementene Gross

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 12, 37

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19..... Registrar.

NOV 10 1937

Huntington Hillsman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1937, to 11-9, 1937

I last saw him alive on 11-9 1937. Death is said to have occurred on the date stated above, at 10-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chancroid & Phimosis	Unknown
Urinary Extravasation	Unknown
Broncho pneumonia	11/6

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10731 — CERTIFICATE OF DEATH — 159 — 10734

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bait Gen'l Hosp Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy (Robert) Chodnicki — If U. S. Veteran specify WAR .....

(a) Residence: No. 322 S. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	

6a. If married, widowed, or divorced: WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	21 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — (void)

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wallace Chodnicki

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Kodanski

16. BIRTHPLACE (city or town) Scranton (State or country) Pa.

17. INFORMANT Mrs. Helen Chodnicki (Address) 322 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 10 1937

19. UNDERTAKER John M. Welsey (Address) 401 N. Chester St

Huntington Williams

NOV 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1937, 19 .. to Nov. 9, 1937, 19 ..

I last saw h[illegible] alive on Nov 9, 1937, 19 .. Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity —	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael J. Wasiuk M. D.

(Address) 526 S. Bond St.

10735 E 10735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Frankford ave Ward) 38

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Hank

(a) Residence: No. 2001 Frankford ave, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced WIFE of (or) HUSBAND of Fredericka Hank

6. DATE OF BIRTH (month, day, year) Aug 14 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 4 Yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Hank

(Address) 2001 Frankford ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Carmel Date Nov 13 1937

19. UNDERTAKER John Ulmer

(Address) 2008 Orleans St

20. FILED ... 19... Registrar

NOV 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937 to Nov 9 1937

I last saw him alive on Nov 9 1937 Death is said to have occurred on the date stated above, at 3-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Sclerosis	
Chronic nephritis	
Cerebral Hemorrhage	

Other contributory causes of importance

Senility

Was an operation performed? No Date of ...

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Walter A Anderson M. D.

(Address) 3301 Shannon Drive

E 10736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10736

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie E Decker

(a) Residence: No. 3613 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16 · 6 r

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8 9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Decker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johannah Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edward Hackett

(Address) 1249 Brooklyn Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Nov 11 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2 days
Other contributory causes of importance: Fracture Left Hip (femur)	

Was an operation performed? yes Date of Nov. 5 37

For what disease or injury? Fracture of Left Hip

Name of operation open reduction fracture Date of no

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov 2 1937

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street.

Manner of injury Fell on street.

Nature of injury Fractured left Hip (femur)

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harlan Hanna M. D. Coroner

(Address) 822 W Baltimore St

V S 6

F 40737

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40737

CERTIFICATE OF DEATH

93-C

Registered No. 26-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S Macon St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Sweet

(a) Residence: No. 526 S Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel H Sweet

6. DATE OF BIRTH (month, day, year): June 23 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: ~~Anton~~ Homburg Germany

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Helen Chrystie
(Address): 821 S Oldham St

18. BURIAL, CREMATION, OR REMOVAL
Place: Lot 42 Cem Date: Nov 11 1937

19. UNDERTAKER: John Ulrich
(Address): 2006 Orleans

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/23 1937 to 11-8 1937

I last saw her alive on 11-8 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Other contributory causes of importance: Bronchio pneumonia	10-30-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Weintraub M. D.
(Address) 1730 E Fayette St

F 40738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40738

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Elmley St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Luther T Stein

(a) Residence: No. 3306 Elmley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Mary A Minnick

6. DATE OF BIRTH (month, day, year): Baltimore 7-29-78

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Peter F Stein

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Carrie Blomeier

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mary A Stein

(Address): 3306 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 11 1937

19. UNDERTAKER: John Helmuth

(Address): 2008 Orleans St

20. FILED ..... 19..... Registrar.

NOV 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1937 to 11-8-1937

I last saw him alive on 11-8-1937. Death is said to have occurred on the date stated above, at 3 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	9-6-37.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy + clinical findings Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fulton C Haug M. D.

(Address)

10739

HEALTH DEPARTMENT—CITY OF BALTIMORE

10739

CERTIFICATE OF DEATH

51-a

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. 2-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Ackermann

If U. S. Veteran specify WAR

(a) Residence: No. 1731 E Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa P. Ackermann

6. DATE OF BIRTH (month, day, year) Mar 8 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME G. J. Ackermann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Wilhelmina Glossner Anna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Md

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Nov. 11. 1937

19. UNDERTAKER Henry Sander & Sons. Inc. Geo. F. Sanders

(Address) Baltimore & Broadway.

20. FILED Nov 12 1937 Herrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Nov 8 1937

I last saw h[illegible] alive on Nov 8 a 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 days
pulmonary edema	4 days
Hypertension Cardiovascular Dis	6 months

Other contributory causes of importance:

Hypernephroma (early)	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Luetscher, Jr. M. D.

(Address) Johns Hopkins Hospital

10 1931

F 10745

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10740

CERTIFICATE OF DEATH

34-94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANTON REISS, (RICE)

If U.S. Veteran specify WAR

(a) Residence: No. 1647 Jackson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: SIDONIA-SADIE-REISS

6. DATE OF BIRTH (month, day, year) October 21st 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	2019	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Confectionary Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for Self. 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Germany.

FATHER

13. NAME: Isadore REISS

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: SADIE REISS

(Address) 1647 Jackson St

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross a a Co Date 11-13th 1937

19. UNDERTAKER: Bernard C. Harle

(Address) 121 E West St

20. FILED NOV 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937 to Nov 10 1937

I last saw him alive on Nov 10 1937 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	?
Aortic Cordis - Vascular disease	?
Coronary Occlusion	5 days

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gilbert E. Rudman M. D.

(Address) St Joseph's Hospital

F 10741

10741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St., ~~2~~ - ~~3~~ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY WEIDER

(a) Residence: No. 18 S. DURHAM ST. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB. 5/ 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOSEPH WEIDER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME IGNATIA SEMLER.

16. BIRTHPLACE (city or town) (State or country) GERMANY.

17. INFORMANT MARY. STRIKROTH (NEICE)

(Address) 122 S. CURLEY ST.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date NOV. 11 1937

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) [illegible] WOLFE ST

20. FILED ..... 19 ..... Registrar

NOV 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fx skull	11/7-37
Fx base temp fibula Rt	
Fx femur Rt	

Other contributory causes of importance: .....

Was an operation performed? yes Date of 11-8-37

For what disease or injury? Head Injury

Name of operation Craniotomy Date of 11/8/37

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Acc Date of injury 11-7 1937

Where did accident occur? Baltimore & Wolfe Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while

Nature of injury Crossing Street

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Hunter Auto M. D. Coroner

(Address) 907 N Charles.

V S 6

E 10742

10742 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 15-1 Ward)

Length of residence in city or town where death occurred 42 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ellen M. Buckley

(a) Residence: No. 6385 Gt. Gittmay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emil Buckley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Buckley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daniel Buckley
(Address) 223 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 11/11 '37 19

19. UNDERTAKER Jos. Lowman & Son
(Address) 731 Lexington St

20. FILED 19 Registrar

NOV 12 1937

V 6 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 9, 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.
Coroner

(Address) 731 Lexington St.

10743 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10743

CERTIFICATE OF DEATH

12-4 87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E 20th St., 12 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Frank C Tolbert

(a) Residence: No. 102 E 20th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME Frank Tolbert

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Theiss

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Frank Tolbert
(Address) 102 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 11/11 1937

19. UNDERTAKER J M York & Son
(Address) 214 E Fayette St

20. FILED NOV 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1937 to Nov 8, 1937

I last saw him alive on Nov 8, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	6 yrs.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos H Dorsey M. D.

(Address) 1020 N. Charles St

10744 HEALTH DEPARTMENT—CITY OF BALTIMORE 10744

CERTIFICATE OF DEATH 26075 (M) 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Willey

(a) Residence: No. 4508 Mainfield Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ktta

6. DATE OF BIRTH (month, day, year) 7/27/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Ida Browning

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT City Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 11/11/37

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible]
[illegible] 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937, to November 8, 1937. I last saw him alive on November 8, 1937. Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-6-37
Other contributory causes of importance: Bronchopneumonia	11-6-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

10745 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10745

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 4-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William McLaughlin

(a) Residence: No. 412 W. Saratoga St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If ~~married~~ widowed, ~~wife~~ HUSBAND of: Bertha McLaughlin

6. DATE OF BIRTH (month, day, year): Sept 14th 1865

7. AGE: Years 72; Months 1; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Salamonia Indiana

FATHER

13. NAME: McLaughlin

14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: "

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Lincoln Md. Date 11/9

19. UNDERTAKER: [illegible]

(Address)

20. FILED [illegible]

NOV 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-14-37 to 11-7-37

I last saw him alive on 11-7-37. Death is said to have occurred on the date stated above, at 1030 AM

The principal cause of death and related causes of importance were as follows:

Pyelitis — Date of onset 10-24-37

Cystitis — "

Nephritis? — "

Other contributory causes of importance:

Was an operation performed? yes Date of 10-20-37

For what disease or injury? Biliary Obstruction - Unknown Origin

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Hunter R. Adams M.D.

(Address) Mutr. Hosp. Balto.

0746

HEALTH DEPARTMENT—CITY OF BALTIMORE

0746

CERTIFICATE OF DEATH

21-1 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Scott St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha E Mackrodt

If U. S. Veteran specify WAR No Record

(a) Residence: No. 713 Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F Mackrodt

6. DATE OF BIRTH (month, day, year) July 21, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert A Logan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Martha E Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Samuel Stevens

(Address) 713 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/12 1937

19. UNDERTAKER Fallon & Scott

(Address) 1611 E Lombard St

20. FILED 19 Registrar.

NOV 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1929 to Nov. 9, 1937

I last saw her alive on Nov. 8, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized arteriosclerosis	1929
cerebral arteriosclerosis	6/12/37
cerebral hemorrhage	10/17/37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Hugh A Kemp M. D.

(Address)

M. D. H. 1265-9

E 10747

0747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2131

1. PLACE OF DEATH 904 N. Carolina St. Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Elizabeth Hopkins

(a) Residence: No. 904 N. Carolina St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gideon P. Hopkins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Eliz. McClellan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. L. Louise Hopkins
(Address) 737 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 11/12 1937

19. UNDERTAKER
(Address)

28. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 1937, to Nov. 10 1937

I last saw h W alive on Nov. 9 1937 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia, senility, myocardial insufficiency	8/23/37
Other contributory causes of importance: hypertension, chr. nephritis	?

Name of operation none Date of

What test confirmed diagnosis? physical findings. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) L. C. Schlicht, M. D.

(Address) 447 N. Kenwood Ave.

F 10748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-6-186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Heinzerling

(a) Residence: No. 1801 Chilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Heinzerling

6. DATE OF BIRTH (month, day, year) Nov 3 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	5 6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H.W. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Schlemmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Earl A. George

(Address) 1801 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Nov 11 1937

19. UNDERTAKER Mr. Mrs. John W. Gruber & Son

(Address) 21 W. Lafayette Ave.

20. FILED NOV 12 1937 19

Registrar

Huntington Publishing Co., Balto.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury, Oct 26, 1937

Where did injury occur? 1613 Carswell St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Front Steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Koulin, M. D. Coroner

(Address) 3757 E Monument

10743 HEALTH DEPARTMENT—CITY OF BALTIMORE 10743

CERTIFICATE OF DEATH

9-6 ✓ 91-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2828 Harford Road Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin L. Boesche
If U. S. Veteran specify WAR
(a) Residence: No. 2828 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Boesche

6. DATE OF BIRTH (month, day, year) Mar 2, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer & Sales Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Floor Coverings
10. Date deceased last worked at this occupation (month and year) June 1937
11. Total time (years) spent in this occupation 43 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME William N. Boesche
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Wilhelmina C. Miller
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Emma Boesche
(Address) 2828 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 12, 1937

19. UNDERTAKER Mr. & Mrs. John W. Penfelsow
(Address) 801 N. Fayette St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 12 1929 to Nov 9 1937
I last saw h... alive on Nov 8 1937 Death is said to have occurred on the date stated above, at 3:20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Bacterial Endocarditis	About June

Other contributory causes of importance:
Leptothrix & Strep. Viridans infection

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene J. Leopold, M. D.
(Address) 260 W. Lafayette Ave.

10750 HEALTH DEPARTMENT—CITY OF BALTIMORE 10750

CERTIFICATE OF DEATH ✓ / 31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genal Hosp Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Laura Engroff

(a) Residence: No. 837 Woodward St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Engroff

6. DATE OF BIRTH (month, day, year) Nov 4 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Anton Butterworth

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lewis D. Engroff
(Address) 4209 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 13 1937

19. UNDERTAKER Jos. Wm. John W. Teufel & Son
(Address) 501 W. Fayette St

20. FILED 19 ..... Registrar

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11 — 6, 1937, to 11-10-37, 19.....

I last saw him alive on 11 — 8, 1937 Death is said to have occurred on the date stated above, at 3 04 A.m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular renal disease

Nephritis

Date of onset: ?

Other contributory causes of importance:

Multiple lipomatosis

Ventral hernia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G Illegible M. D.

(Address) Md. Gen. Hosp.

F 40751

40751 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20-34131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul L. Schad.

(a) Residence: No. 2023 West Balt. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	27 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman W.C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schluderberg-Kurdle Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S MAIDEN NAME

13. NAME George Shad

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Mier.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 11 1937

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son
(Address) 801 W. Lafayette St

20. FILED ..... 19..... Registrar.

1557 Huntington Ave, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1937 to Nov 8, 1937

I last saw him alive on Nov. 8, 1937. Death is said to have occurred on the date stated above, at 10.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Nov 7
Myocardial degeneration.	?
Chr Nephritis	?
Malignant Hypertension	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, when? .....

(Signed) S. C. Monroe M. D.

(Address) West Balt. Gen. Hosp.

E 10752

10752 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No. 12-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 N. Calvert St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Armour Jenkins

If U.S. Veteran specify WAR

(a) Residence: No. 2800 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa C. Willcox

6. DATE OF BIRTH (month, day, year) March 19, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green, Balto. Co., Md.

FATHER

13. NAME George Jenkins

14. BIRTHPLACE (city or town) (State or country) Long Green, Balto. Co., Md.

MOTHER

15. MAIDEN NAME Lydia M. Armour

16. BIRTHPLACE (city or town) (State or country) Memphis, Tenn

17. INFORMANT Mrs. Wm. A. Jenkins, Jr.
(Address) 2800 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL St. John's Cem. Long Green, Md. 11/11/37
Place Date

19. UNDERTAKER [illegible]
(Address) 805 N. Calvert St.

20. FILED [illegible] Registrar

1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1937 to Nov. 8 1937

I last saw him alive on Nov. 8 1937. Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Aug. '37
Other contributory causes of importance: Terminal Edema of Lungs	24 hrs.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Henry B. Thay M. D.

(Address) 2506 W. Pratt St.

10753 ✓ F 10753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-597

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 717 Hollen Road St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Dorsey Whittle — If U.S Veteran specify WAR ... Civil ... r

(a) Residence: No. 717 Hollen Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice Ellen McDonald

6. DATE OF BIRTH (month, day, year): Jan. 12, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Towson Maryland

FATHER

13. NAME: Edward Whittle

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Margaret Flaherty

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mr John Brooks (Address) 717 Hollen Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery 11/11 1937

19. UNDERTAKER: Hardy & Mears & Son (Address) 808 N. Calvert St.

20. FILED: 11 1937 Finding in Physician's Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 8, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 . 19 . to Nov. 8, 1937 . 19

I last saw him alive on Nov. 8, . 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Senility.	
Other contributory causes of importance:	
Pneumonia (hyperstatic)	Nov. 1937

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Lyman Whittle M. D.

(Address) 1229 N Calvert St

Lucikauskas ✓ F 10754

10754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Pimlico Race Track (Ward) 22-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pete Charles Lucikauskas If U. S. Veteran specify WAR

(a) Residence: No. 637 Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Lucikauskas

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Eva Lucikauskas
(Address) 4209 Maryland Place Richwood

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Nov. 11 1937

19. UNDERTAKER: John A. Grebiancke Jr
(Address) 423 S. Paca St.

20. FILED 19 Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of each	Date of onset
Cerebral Hemorrhage	18 hrs	11/8/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Kraus, M. D.
Coroner

(Address) Coroners

A s 8

10755 F 10755

10755 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-1 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Olszewski

(a) Residence: No. 1539 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 25 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Olszewski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Stella Gencel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Stella Olszewski
(Address) 2323 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov. 11 1937

19. UNDERTAKER Fred W. Ozazewski
(Address) 1230 Eastern Ave.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1937

22. I HEREBY CERTIFY, That I had charge of the remains described above, held an investigation thereon and from the evidence (Inquest, Autopsy or Inquiry) detailed by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third degree burns of body	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 11/7, 1937

Where did injury occur Kitchen of Register St. Bldg.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Reg factory

Manner of injury Clothes caught on fire

Nature of injury Burning, fire

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1702 E. North Ave.

F 40756

10756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 3-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Olszewski Jr.

(a) Residence: No. 1539 Eastern Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Olszewski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Stella Gencel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Stela Olszewski

(Address) 2323 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 11 1937

19. UNDERTAKER Fred W. Gazcowski

(Address) 1930 Eastern Ave

20. FILED 19 Registrar

NOV 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1937

22. I HEREBY CERTIFY, That I last saw the child described above, held an Investigation thereon and from the evidence (Inquest, Autopsy or Inquiry)

Investigation (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Third degree burns of body

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury 11-7-37

Where did injury occur Residence 1539 Eastern Ave Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothes caught fire from Burning coal.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 19 E. North Ave

F 40757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40757

CERTIFICATE OF DEATH

25-6 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3345 Matson St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wesley Forrester If U. S. Veteran specify WAR No Record

(a) Residence: No. 3345 Matson St., Ward. Maysville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married; ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE~~ of) Maggie May Forrester

6. DATE OF BIRTH (month, day, year) Aug 1st 1890

7. AGE: Years 47; Months 3; Days 9; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car Repair man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year) Dec 1929

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Elkridge Landing Md.

FATHER

13. NAME George W. Forrester

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maggie M. Forrester (Address) 3345 Matson St

18. BURIAL, CREMATION, OR REMOVAL Place W. Lab. Memorial Cemetery Md Date Nov 13th 1937

19. UNDERTAKER Wm Cook (Address) 217 St. Paul St

FILED 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th 1937

22. I HEREBY CERTIFY That I attended deceased from Oct. 11, 1937 to Nov. 10, 1937

I last saw him alive on Nov. 9. 1937 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1929
Other contributory causes of importance: Broncho-pneumonia	10 days

Was an operation performed? no Date of prior death

For what disease or injury? - - -

Name of operation - - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Seibel M. D.

(Address) 1224-1226 Hanover St.

M. D. B. 1268-9

F 40758

40758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital, 25-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jennie Miller

(a) Residence: No. #1 Rolling Rd. Cor. B. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Joseph Miller

6. DATE OF BIRTH (month, day, year) Feb 13th 866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Aug 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christopher Mazer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Miller

(Address) Rolling Rd St. Denis

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 13th 1937

19. UNDERTAKER Wm Cook

(Address) 1107 St Paul St

20. FILED Nov 15 1937 for Williamsport Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1937, to Nov 10, 1937.

I last saw her alive on Nov 10, 1937. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	11-10-37
Other contributory causes of importance:	
Diabetes Mellitus	?
Diabetic Gangrene Left Foot	9-36

Name of operation None Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W A Parr M. D.

(Address) St. Agnes Hospital

F 40759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 336686

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 19-4 122-B

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Kruemmel

(a) Residence: No. 1733 W. Henry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) 3/21/98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sebastian Heiser

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lilly Weikey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Meadow Ridge Date 11/12/37

19. UNDERTAKER Geo. L. Berger Sr
(Address) 512 Harlem St

20. FILED ..... Registrar.

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1937 to Nov. 9 1937.

I last saw her alive on Nov. 9 1937. Death is said to have occurred on the date stated above, at 10.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
generalized Peritonitis	11/6/37
Other contributory causes of importance: Chronic Intestinal Obstruction	1936

Was an operation performed? Yes Date of 11/6/37

For what disease or injury? Chronic Intestinal Obstruction

Name of operation Resection of obstructed loop of Ileum with lat. anastomosis with release of multiple adhesions

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury. ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul O. Kruelel M. D.

(Address) The Johns Hopkins Hosp

40760 HEALTH DEPARTMENT—CITY OF BALTIMORE 40760

CERTIFICATE OF DEATH 27720 JS 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. balto. city hosp. St., 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME noy whitlock

If U. S. Veteran specify WAR

(a) Residence: No. 105 N. Chapel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-5-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME floyd whitlock

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME mozele price

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT (Address) B. C. H. records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 11-11- 37

19. UNDERTAKER Mrs R. F. Elliott-Dahty
(Address) 1129 N. Carolina St

20. FILED ... Registrar

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1937, to 11-9, 1937.

I last saw h 17 alive on Nov 9, 1937. Death is said to have occurred on the date stated above, at 5.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	Nov 6/37
Other contributory causes of importance: Broncho pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Gordon, M. D.

(Address) Balt City Hosp

10761 ✓ F 10761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Bond St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Amanda Bryan or (Bryant) If U. S. Veteran specify WAR ...

(a) Residence: No. 1007 N. Bond St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bryan

6. DATE OF BIRTH (month, day, year) 1-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME George Hooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Banks (nephew) (Address) 1007 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cem Date 11-11-37

19. UNDERTAKER Mrs R. A. Elliott-D Gahty (Address) 1129 N. Caroline St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/2 1937 to 11/8 1937

I last saw h[illegible] alive on 11/8 1937 Death is said to have occurred on the date stated above, at 11 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	approx 10 days
Other contributory causes of importance:	

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) [illegible] M. D.

(Address) 15W E. Madison St

F 40762

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40762

CERTIFICATE OF DEATH

6-5 82-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 E Fayette St. Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Ardella McLane

(a) Residence: No. 1633 E Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Grisom Harlem

14. BIRTHPLACE (City or town) (State or country) N C

MOTHER

15. MAIDEN NAME Queen Harlem

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT John McLane (Address) 1633 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Hoffman N C Date Nov 12th 1937

19. UNDERTAKER Elroy A Wilson (Address) 1000 Brantley St

20. FILED ___ 19___ ___ Registrar.

Nov 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced at said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, as follows:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Nov 8 37

Other contributory causes of importance: —

Was an operation performed? — Date of ___

For what disease or injury? —

Name of operation — Date of ___

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) George S. Allen, Coroner, M. D.

(Address) 5 S Paca St

F 40763

40763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH Provident Hospital 4-2

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Smith

(a) Residence: No. 20 Myrtle Ave St. Baltimore Md Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Frederick Co. Md

MOTHER

13. Mariana Diamond

FATHER

14. BIRTHPLACE (City or town) (State or country) Frederick Co. Md

15. MAIDEN NAME Myrie —

16. BIRTHPLACE (City or town) (State or country) Frederick Co Md

17. INFORMANT (Address) Mrs Stanley Young (Daughter) 430 N. Caty St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date Nov 11th 1937

19. UNDERTAKER (Address) Elroy O Wilson 1000 Braniford ave

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH 94544

21. DATE OF DEATH (month, day, year) Nov. 8- 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prot. Fracture	10/14

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 10/14 1937

Where did injury occur? Myrtle & Franklin Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Specify how injury occurred Struck by auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert J Gayley Auto (Coroner)

(Address) 907 N. Calvert St.

V S 6

10764 E 10764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N Central St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 410 N Central St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Jones

6. DATE OF BIRTH (month, day, year) March 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	66	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible] | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Olivia Pleasant (Address) 410 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Nov 11th 1937

19. UNDERTAKER Elroy O Wilson (Address) 1000 Brantley ave

20. FILED Nov 12 1937 Herrington for Williams N.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937 to Nov 8, 1937

I last saw him alive on Nov 8 1937 Death is said to have occurred on the date stated above, at 945 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Nov 5 1937
Other contributory causes of importance:	
—	

Was an operation performed? ..... Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eugene L. Allen M. D.

(Address) 567 Cathedral St

F 40765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40765

24-3

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Battery Ave. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Puls

(a) Residence: No. 1406 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. L. Puls

6. DATE OF BIRTH (month, day, year) Feb. 6, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~?~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. ~~?~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Laborius Rehrman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hohn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. L. Puls

(Address) 1406 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A. A. C. Date 11-12th 1937

19. UNDERTAKER Bernard E. Hasle

(Address) 121 E West St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 9, 1937, 19

Where did injury occur? 1406 Battery Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Front Steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. K. Mahn M. D.
Coroner

(Address) 2757 W. Lexington

V S 6

Spec.—2-29-28—L. F. S.—500 Bks.

F 40766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40766

CERTIFICATE OF DEATH

48

18-3

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Edith Cresswell

(a) RESIDENCE NO. 1024 Hollins St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James A. Cresswell

6 DATE OF BIRTH (month, day, and year): Feb 6 - 1862

7 AGE: Years 75 | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frostburg Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Baltimore City Records

(Address)

15 Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-8-37

17

I HEREBY CERTIFY, That I attended deceased from 10-11-37, 19__, to 11-8-37, 19__,

that I last saw h[er] alive on 11-8-37, 19__

and that death occurred, on the date stated above, at 5:10 p. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Body of Uterus

Entered 9-1936

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mt Pleasant D. C.

Did an operation precede death? Yes Date of 10-23-37

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

11-9, 19 (Address) Forest Glen Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Nov 11 1937

20 UNDERTAKER: Rob't Cq B. M. Walter

ADDRESS: Pratt & Fulton Sts

10767 E 10767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5-107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 611 Milliman St., ... Ward)
(If death occurred in a hospital or Institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Lee

(a) Residence: No. 611 Milliman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Lee ~~Stewart~~

6. DATE OF BIRTH (month, day, year) 11-7-18 ~~1886~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51 11		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Lucius Lee
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Louise Lee
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Lee
(Address) 527 W. Dolphin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov 12 1937

19. UNDERTAKER Robert T. Williams
(Address) 15-15 N. Fredericks St

20. FILED ..... 19..... ..... Registrar.

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937 to Nov. 9 1937
I last saw him alive on 11-9 1937. Death is said to have occurred on the date stated above, at 9.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
(a) Bronchial Pneumonia	11/1/37
(b) Pleurisy	11/5/37
(c)	
(d)	

Other contributory causes of importance: Very Indefinite

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation None

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. P. Blake M. D.

(Address) 924 Fairmount Ave.

40768 HEALTH DEPARTMENT—CITY OF BALTIMORE 40768

27385--RHW

CERTIFICATE OF DEATH

107-a

Registered No. 7-2

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City nospitals St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugenia Rupp

(a) Residence: No. 807 N. Belnord St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew

6. DATE OF BIRTH (month, day, year) 8/14/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joshua Stevenson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sabina nass

16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT nospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov 12 1937

19. UNDERTAKER Henry Wood Sons Inc
(Address) 301 E Eager

20. FILED Huntington Williams Reg'trar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 11. 1937. to November 9. 1937.

I last saw h[er] alive on November 9. 1937. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11-6-37

Other contributory causes of importance: Arteriosclerosis — Contributory

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. R. De Lentelle M. D.

(Address) Baltimore City Hospitals

F 40769

F 40769 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 26 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garnetta Mason — If U. S. Veteran specify WAR

(a) Residence: No. 1217 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel Mason

6. DATE OF BIRTH (month, day, year): Feb. 14 - 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: David Boozy (Dead)

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Francis Smith

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Samuel Mason (Husband)
(Address) 1217 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Arlington Cemetery Date: Nov 13 1937

19. UNDERTAKER: A. Brook
(Address) 1463 W. Carey St

20. FILED 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) adduced by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Some time
Valvular disease heart	3 Years
Other contributory causes of importance: Arterio-sclerosis	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

1937

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40770

10770

CERTIFICATE OF DEATH.

27-18 82-a

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 W Garrison Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E Marine

(a) RESIDENCE NO. 3618 W Garrison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Henrietta L Marine

6 DATE OF BIRTH (month, day, and year) Aug 12, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Mary Marine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Henrietta L Marine (Address) 3618 W. Garrison Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1936 . to Nov 11 . 1937

that I last saw h~~im~~ alive on Nov 11 . 1937

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) John A Bulert M. D.

. 19 (Address) 4803 Pac. Heights-Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fredericksburg Md	Nov 11 1937
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

FROM A VERY IMPORTANT

F 10771 ✓ F 10771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-13 / 31

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Shirley Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Heat

(a) Residence: No. 2524 Shirley Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode).

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Heat

6. DATE OF BIRTH (month, day, year) April 27 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter $1.50 Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME William Heat

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary A Bloxom

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT George H. Heat

(Address) 5413 Brindon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Nov 13 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED ..... Registrar.

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to Nov 10th 1937

I last saw him alive on Nov 10th 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of onset .....

Other contributory causes of importance:

senility

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) H. H. Byerly M. D.

(Address) 307 Eastmont Ave

10772 E 10772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 11-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 333 W. Hoffman St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Charles Croxton
(a) Residence: No. 333 W. Hoffman St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Croxton

6. DATE OF BIRTH (month, day, year) Jan 20, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	11	19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Heathsville Va

MOTHER FATHER
13. NAME Bevans Croxton
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Eliza ?
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Eliza Hackett
(Address) 333 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Heathsville Va Date 11/12/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley
(Address) 578 N. Biddle St

20. FILED ... 19... Registrar.
NOV 11 1937 By ... Deputy Registrar, H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Nov. 9, 1937
I last saw him alive on Nov. 9, 1937. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 9
Other contributory causes of importance: Nephritis (Chronic)	
Mitral Insufficiency	

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. White M. D.
(Address) 1344 Druid Hill Ave.

0773

HEALTH DEPARTMENT—CITY OF BALTIMORE 40773

CERTIFICATE OF DEATH

28-1 93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hos. 2510 Greenmount Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah J. Gosnell

(a) Residence: No. 4222 Penhurst Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced DAUGHTER of (or) WIFE of Charles L. Gosnell

6. DATE OF BIRTH (month, day, year) Nov. 6, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	---	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Mercer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jane Lindley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Southern Hos. records
(Address) 2510 Greenmount. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Nov. 12 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place.

20. FILED NOV 1 1937 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1937 to 11-10-1937

I last saw her alive on 11-10-37 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset July 37.

Other contributory causes of importance:

Old age

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert E. Blake M. D.

(Address) Med Arts Bldg

10774 ✓ E 10774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-2282-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Bank St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Klikazynski

(a) Residence: No. 1735 Bank St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophia Klikazynski

6. DATE OF BIRTH (month, day, year) Jan 1 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Klikazynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosalie Wilenazyk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Sophia Klikazynski

(Address) 1735 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date NOV 13 1937

19. UNDERTAKER John M. Wilber

(Address) 1441 E. Chase St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937 to Nov 9 1937

last saw him alive on Nov 9 1937. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 7, 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo F. Tulpack M. D.

(Address) 126 S. Patterson Park Ave

E 40775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40775

CERTIFICATE OF DEATH

28-246-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Purviance Bonsal
If U. S. Veteran specify WAR

(a) Residence: No. 5100 Norwood ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed~~, or ~~divorced~~
HUSBAND of (~~or WIFE of~~) Lola Stevenson Bonsal

6. DATE OF BIRTH (month, day, year) July 30 1880

7. AGE: Years 57 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S.F. Guaranty Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bankes
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Stephen Bonsal
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Fannie Leigh
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT B Brooks
(Address) Stevenson Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 12 1937

19. UNDERTAKER Henry Jenkins Son Co
(Address) Colonial Ave. Calloh St

20. FILED 19 Registrar

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/30, 1937 to 11/10, 1937
I last saw him alive on Nov. 10, 1937 Death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia, left	11/8/37
Pleural effusion, left	11/9/37

Other contributory causes of importance:
adenocarcinoma of rectum

Was an operation performed? yes Date of 10/29/37
For what disease or injury? adenocarcinoma of rectum
Name of operation Myles Op. C colostomy Transfusion
What test confirmed diagnosis? rectal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Oliver M. D.
(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10776

CERTIFICATE OF DEATH

Registered No. 72-3

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., 2 Ward)

Length of residence in city or town where death occurred 32 yrs. 17 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen McSparran

(a) Residence: No. 742 N 3rd St., Ward. Phila Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-4-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Elwood McSparran

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Nicholson

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Westmt Ceme Date 11/14/37

19. UNDERTAKER Philip Stovid Sons
(Address) 216 Harlem Ave

20. FILED [illegible]

NOV 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937 to Nov 11, 1937

that I saw her alive on Nov 11, 1937. Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	1932

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul A Lenhart M. D.

(Address) The Johns Hopkins Hosp

E 10777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 10577

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis C Gardelle (Louis A. Gardelle) If U. S. Veteran specify WAR

(a) Residence: No. 404 Telfair St., Augusta, Ga Ward. Augusta Ga
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emmie T. Gardelle

6. DATE OF BIRTH (month, day, year) 98-48

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) November 1920

11. Total time (years) spent in this occupation Self

12. BIRTHPLACE (city or town) (State or country) Augusta Ga

FATHER

13. NAME Adolph Gardella

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Emma Bizzon

16. BIRTHPLACE (city or town) (State or country) Augusta Ga

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Augusta, Georgia Date Nov. 12 1937

19. UNDERTAKER Scott & Cook
(Address) 1002 E. Baltimore St.

20. FILED ..... 19..... Registrar

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1937 to Nov 11 1937

I last saw him alive on Nov 11 1937. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Carcinoma of Prostate with metastasis

Date of onset ? ?

Other contributory causes of importance:

Arteriosclerosis, Marked

Was an operation performed? No Date of No

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carl E Burkland M. D.

(Address) Johns Hopkins Hospital

✓ F 40778

40778 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 210-G

1. PLACE OF DEATH Mercy Hospital 8-4
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Eugene Irving Watson

(a) Residence: No. 2705 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

5a. If married, (widowed), or divorced (HUSBAND) of (or) WIFE of Ella Blanche Watson

6. DATE OF BIRTH (month, day, year) Feb 12 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work, as dentist, as spinner, sawyer, bookkeeper, etc. Veterinary Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0552

10. Date deceased last worked at this occupation (month and year) Apr 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. Name Thomas S. Watson

14. BIRTHPLACE (city or town) (State or country) Va Virginia

MOTHER

15. MAIDEN NAME Frances La Mar

16. BIRTHPLACE (city or town) (State or country) Va Virginia

17. INFORMANT Wade Brown Watson (Bro)
(Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Nov. 13 1937

19. UNDERTAKER Jos B Cook
(Address) 1005 W. Balto St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion & crushing Wound of Rt foot	10/x

Other contributory causes of importance:
Gas Gangrene

Was an operation performed? Yes Date of 11/3-37

For what disease or injury? Gangrene

Name of operation? Amputation of leg Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of Injury 10/x 1937
Where did injury occur? Farm Middleway W. Va
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Private Property
Field under wheel of auto
Nature of injury Crushing & Contusion of foot

24. Was disease or injury in any way related to occupation of deceased?
If yes, specify ...

(Signed) Hubert W Gurley Autopsy Coroner . M. D.
(Address) 907 N Charles St

(0779) E 10779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Lennedale
CITY OF BALTIMORE: (No.) Hebrew Home for Aged & Infirm
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr Phillip Mizroch

(a) Residence: No. Belvedere & Greenspring Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cap Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Pincus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shanelle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Son x Eastland)
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 11-13 19

19. UNDERTAKER Jos. Lemp Sons
(Address) 1123 E. Baltimore St

20. FILED 19 Registrar

NOV 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-22 1934 to 11-11 1937

I last saw him alive on 11-10 1937 Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Mitral Insufficiency	
Hypertension	
Other contributory causes of importance:	
Chronic Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Edmund Levin M. D.
(Address) Lennedale

10780 E 10780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Belgium St. 29-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia H Barry

If U. S. Veteran specify WAR .....

(a) Residence: No. [redacted] Belgium Ave. Ward.

(Usual place of abode) 609 So Ann Ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1-30-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 yrs 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel J Barry

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rachael Waidner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Thomas Barry

(Address) 837 Belgium Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov. 12 1937

19. UNDERTAKER Frank M Mayfield

(Address) 22 E Centre St Balto Md

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/11/37, 19.. to 11/9/37, 19..

I last saw her alive on 11/8/37, 19.. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Cirrosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Wallace Edwards, M. D.

(Address) 321 E 25

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5/9 F 10781

F 10781

Registered No. 38-1

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Union Memorial Hosp (Ward)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Leonard Gahan

If U. S. Veteran specify WAR

(a) Residence: No. 3605 Plateau Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Maria Gahan

6. DATE OF BIRTH (month, day, year) 10/17/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	48		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1066

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) City Balto. Md.

FATHER

13. NAME Joseph Gahan

14. BIRTHPLACE (city or town) (State or country) City Balto Md.

MOTHER

15. MAIDEN NAME Theresa McNasby

16. BIRTHPLACE (city or town) (State or country) Charleston, W. Va.

17. INFORMANT Nanie F. Gahan (Wife)

(Address) 3606 Plateau Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/12 1937

19. UNDERTAKER Henry F. Miller

(Address) 1101 Edmondson Ave

20. FILED NOV 12 1937 By Hamilton Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/37 to 11/9/37

I last saw him alive on 11/9/37 Death is said to have occurred on the date stated above, at 6 03 a.m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma — Date of onset 1935

Hypernephroma Rt. Kidney

Other contributory causes of importance:

Bronchopneumonia — 11/1/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert O. Hive M. D.

(Address) Union Memorial Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10782 — CERTIFICATE OF DEATH — 10782

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23rd St., 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Paul W Koller

If U. S. Veteran specify WAR No Record

(a) Residence: No. 722 Hunting Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary B.

6. DATE OF BIRTH (month, day, year) July 1-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Rock Penna

FATHER

13. NAME Jesse C Koller

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Alice Heathcoate

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mary B Koller

(Address) 722 Hunting Place

18. BURIAL, CREMATION, OR REMOVAL

Place at Christ Hanover Pa Date Nov 13 1937

19. UNDERTAKER Wm Cook

(Address) 1209 St Paul St

20. FILED 19 Registrar.

NOV 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1937 to Nov 11 1937

I last saw him alive on Nov 10 1937 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic myocarditis	11-3-37
Other contributory causes of importance: Pulmonary congestion	11-3-37
Bronchial Pneumonia	11-9-37

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S Bair M. D.

(Address) 100 E 23rd St

0783

HEALTH DEPARTMENT—CITY OF BALTIMORE

0783

CERTIFICATE OF DEATH ✓ 94 B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Calvert Hotel 347 N Calvert St Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Frank R Minton

(a) Residence: No. 347 N. Calvert St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	not known

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown not known

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Building Facilities

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 2 months

12. BIRTHPLACE (city or town) (State or country) not known

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Frank Smith

(Address) no Frank Minton rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 12th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

RECEIVED NOV 12 1937 19

Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 1, 37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolf Coroner, M. D.

(Address) 133 E. Northern Av.

Stinchcomb

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10781 ×Vr 19a F 10781

F 10781

Registered No. 2403

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James H. Stinchcomb

(a) Residence: No. Pasadena Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenora Stinchcomb

6. DATE OF BIRTH (month, day, year) Nov. 29, 1868 His

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William T. Stinchcomb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Stallings

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT F. A. Stinchcomb (Bro.)

(Address) 11 1st. Ave. Brooklyn, Prk.

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Church Cem Nov 12 1907

19. UNDERTAKER Potts & Denny

(Address) 715 Light St

Filed Nov 12 1907 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1907

22. I HEREBY CERTIFY, That I last attended the deceased from Inquiry & Autopsy to Inquiry & Autopsy, and that death occurred from the causes and at the hour stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Unclassified)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

Coroner

(Address)

V56

Spec.—1-10-21—M&T—1500 Blks.

10785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 F 10785

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1723 Covington St. St. 24-4 WARD

2.-FULL NAME Charles Henry Hamilton

(a) RESIDENCE NO. 1723 Covington St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Lena Hamilton

6 DATE OF BIRTH (month, day, and year) Feb. 26, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Foreman Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Md. Glass Co.

(c) Name of employer Md. Glass Co.

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles R. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Susie Apel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Lena Hamilton

(Address) 1723 Covington St.

15 Filed NOV 12 1937, 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2. 1936 to Nov. 10, 1937.

that I last saw him alive on Nov. 9, 1937.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio vascular renal disease.

(duration) 1 yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? P.f.

(Signed) Henry Klein M. D.

11/11, 1937 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Nov 13 1937

20 UNDERTAKER John J. Denny

ADDRESS 715 Light St

THIS IS very important. See instructions on back of this certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10786

CERTIFICATE OF DEATH

23 V F 10786

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 Edythe St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Braxton

If U. S. Veteran specify WAR

(a) Residence: No. 1240 Edythe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Francis Braxton

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Gilliam

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Francis Braxton

(Address) 1240 Edythe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 12 1937

19. UNDERTAKER Thomas E. Kelsey

(Address) 1303 Pennsylvania Ave

20. FILED NOV 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Allen Lyerly M. D.

(Address) 507 Augusta Ave

V 66

William W. Malloy

HEALTH DEPARTMENT—CITY OF BALTIMORE

10787 CERTIFICATE OF DEATH V 820 F 10787

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 1621 Ward)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Malloy If U. S. Veteran specify WAR

(a) Residence: No. 2011 Etchison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Malloy

6. DATE OF BIRTH (month, day, year) Dec 6 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Malloy
(Address) 2011 Etchison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 12 '37

19. UNDERTAKER Thomas E. Nelson
(Address) 1302 Presstman St

FILED NOV 12 1937 Registrar, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1937 to 11-7-1937

I last saw h[illegible] alive on 11-7-1937. Death is said to have occurred on the date stated above, at 1 1/4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-7-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address) [illegible]

6 Dec

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10788

CERTIFICATE OF DEATH

97 V F 10788

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Gough St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Bloch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1420 Gough St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Max

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yale Siegel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Fischer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT A. Bloch

(Address) 2507 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

place Hebrew Herring Run Date 11/12/37 19

19. UNDERTAKER Sol Levinson Bros

(Address) 1127 E Baltimore St

20. FILED 11-12-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Nov 11, 1937

I last saw h.. alive on Nov 10, 1937. Death is said to have occurred on the date stated above, at 5.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Energize enter Sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 3400 E Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

(10789) 6334 (10789)

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 26-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 81 yrs. mos. ds.

2. FULL NAME Daniel Donohue If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., (At Home) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-17-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Bartholmew

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Griemmiens

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 11-12-37

19. UNDERTAKER J. J. Gahey & Sons

(Address) 1315 Light St

20. FILED NOV 12 1937 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to November 3, 1937

I last saw him alive on November 3, 1937. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Uncertain
Coronary occlusion	11-2-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautalle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

(F 10790) CERTIFICATE OF DEATH ✓ 93-F 10790

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 E Lanvale St., 8-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Hubbard If U. S. Veteran specify WAR

(a) Residence: No. 1737 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Daisy H ubbard

6. DATE OF BIRTH (month, day, year) Jan 12 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 yrs

10. Date deceased last worked at this occupation (month and year) Nov 37 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Tavener

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Sarah Markley
(Address) 4518 Harford Road.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 13 1937

19. UNDERTAKER John Ulrich & Sons
(Address) Huntington Williams, Inc

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov- 10- 1937

22. I HEREBY CERTIFY, That I attended deceased from April-19- 1937 to Nov- 10- 1937

I last saw him alive on Nov- 10- 1937. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heard	11/10/37
Other contributory causes of importance: Chronic Myocarditis	6/1/33

Was an operation performed? NO Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ... 19 ...

Where did injury occur? NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10791 F 10791 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-4 Ward) 107-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Gross

(a) Residence: No. 120 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 6 1931

7. AGE: Years | Months: 8 | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Jno Gross.

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

MOTHER

15. MAIDEN NAME: Martha Sweeb

16. BIRTHPLACE (city or town) (State or country): Calvat Co.

17. INFORMANT: Martha Sweeb
(Address): 120 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calv Date: Nov. 12 1937

19. UNDERTAKER: Walter B. Rupp & Co.
(Address): 1300 W. Baltimore St.

20. FILED: NOV 12 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1937 to Nov. 9th 1937

I last saw him alive on Nov. 9th 1937 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Ca. 27th 1931 — Date of onset

Other contributory causes of importance:

Septicemia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King R. E. Logan, Jr. M. D.

(Address) University Hospital

40792

HEALTH DEPARTMENT--CITY OF BALTIMORE #27045

CERTIFICATE OF DEATH

F 40792

Registered No. 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Goff, William Frank

(a) Residence: No. 131 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 5/10/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6084

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Watkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Eden Hill Cem. Date Nov. 12 1937

19. UNDERTAKER H. Sayder & Son

(Address) 1710 E. Lee St.

20. FILED NOV 12 1937 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1937, to November 9, 1937.

I last saw h[illegible] alive on November 9, 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as fulluws:

	Date of onset
1. Hypertension Cardiovascular disease	Unknown
2.	
3.	
4.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, ur in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation uf deceased? No If so, specify

(Signed) H. A. De Lautour, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28050 SF

10793

CERTIFICATE OF DEATH

34-9-95-13 F 10793

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Samuel Douglas

(a) Residence: No. 208 N. Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/10/1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Anna Routhac

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 13 1937

19. UNDERTAKER Joseph A Smyth

(Address) 1609 N Stricker St

20. FILED Huntington Ave. Registrar

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1937, to November 9, 1937

I last saw him alive on November 9, 1937 Death is said to have occurred on the date stated above, at 11-54 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Louble M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10791

CERTIFICATE OF DEATH

F 10791

94-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Talbot Rd. St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Menert

(a) Residence: No. 2400 Talbot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Menert

6. DATE OF BIRTH (month, day, year) July 23 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Fredk. Menert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Menert (Address) 2400 Talbot Rd

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Nov. 13 1937

19. UNDERTAKER Wm. H. Greene & Sons (Address) North & Pa. Ave

FILED NOV 12 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937 to Nov 12, 1937

I last saw h[illegible] alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 3.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Nov 11/37
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilbur Stubbs M. D.

(Address) 2220 Harrison Blvd

10795

HEALTH DEPARTMENT—CITY OF BALTIMORE 10795

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 S. Clinton St. 76-11 Ward)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. White

If U. S. Veteran specify WAR

(a) Residence: No. 1119 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline White

6. DATE OF BIRTH (month, day, year) Feb 23-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Howard White

(Address) 1119 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov. 13 1937

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St.

20. FILED NOV 12 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937 to Nov 9, 1937

I last saw him alive on Nov 9, 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis &	
Myocardial Degeneration	
Terminal Bronchopneumonia	Nov 7th 37

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. E. Schumacher, M. D.

(Address) 842 S. Ester Ave.

Huntington Williams, M.D.

F 40796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13 C C

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 936 S. Bouldin St. 76-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Albert Kaufman

If U. S. Veteran specify WAR

(a) Residence: No. 936 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Bertha Kaufman

6. DATE OF BIRTH (month, day, year) July 8-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Works

10. Date deceased last worked at this occupation (month and year) Nov. 9-1937

11. Total time (years) spent in this occupation 2 Years

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John F. Kaufman

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jena Maisel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Chas. Kaufman (Son) 936 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL Place Ft. Evang Cem. Date Nov. 12 1937

19. UNDERTAKER Geo. W. Winkler (Address) 207 S. Eaton St.

NOV 12 1937

20. FILED 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 Year
	2 Years
Enlarged Prostate, Indigestion	1 Year

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10797

CERTIFICATE OF DEATH

25 F 10797

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 17-2 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola B Holmes

(a) Residence: No. 624 Greenwillow st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 3, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Francis A Holmes

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Lena Wallace

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lena Holmes
(Address) 609 Greenwillow St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 13, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St. Huntington Williams, N.Y.

20. FILED NOV 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937 to Nov 11, 1937

I last saw her alive on Nov. 11, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Abercular Peritonitis	?
Other contributory causes of importance: Staphylococcic Peritonitis	?

Was an operation performed? Yes, Date of 10-5-37 11-3-37

For what disease or injury? Incision & Drainage of localized Peritonitis; Post. Colpotomy.

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) Joseph E. Bucha M. D.
(Address) University Hospital

0798 ✓ F 10798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Tostee Ave St., 153 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E. Canary.

(a) Residence: No. 2609 Tostee ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles B. Charles B. Canary

6. DATE OF BIRTH (month, day, year) Nov 30th 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26 27	11	20 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F. Wilhelm

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Anna E. Weiss

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles B. Canary - Husband

(Address) 2609 Tostee Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 13 1937

19. UNDERTAKER Lilly & Feldenheimer

(Address) 403 S. Calvert St.

20. FILED NOV 12 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1937 to Nov 10 1937

that I saw her alive on Nov 10 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	11/8/37

Other contributory causes of importance:

Edema Carcinoma liver + intestines	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. F. Mazur M. D.

(Address) 2634 E Baltimore St.

✓ F 40799

40799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 3505 Bank St., 16-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Joseph P. Getz

(a) Residence: No. 3505 Banks St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Getz

6. DATE OF BIRTH (month, day, year) Sept 16 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Standard Oil
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John P. Getz
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Carrie Wertheim
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie Getz Wife
(Address) 3505 Banks St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 15 1937

19. UNDERTAKER Tully & Sisterhen
(Address) 402 N Milton Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1937 to Nov 11 1937
I last saw him alive on Nov 11 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Cerebral	Sept

Other contributory causes of importance:
No

Was an operation performed? No Date of .....
For what disease or injury?
Name of operation ... Date of ...
What tests were made to confirm diagnosis? ... Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Heagney M. D.
(Address) 3204 Eastern

E 40800 ✓ E 40800

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2101 W Saratoga 20-W Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Samuel R Tabler

(a) Residence: No. 2101 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. White or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose A Tabler

6. DATE OF BIRTH (month, day, year) Apr 13 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Alvin Tabler
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Rosa Reitzel
16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Mrs Rose A Tabler
(Address) 2101 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 11/13 1937

19. UNDERTAKER George A Furgey
(Address) Fallsway & Fayette

20. Filed NOV 13 1937 Thomas J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1937 to Nov. 11 1937

I last saw h[illegible] alive on Nov. 8 1937 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 6/37

Other contributory causes of importance:
Inspection Gall Bladder 2 years

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Bayley, M. D.
(Address) 220 N. Calvert St.

10801 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10801

CERTIFICATE OF DEATH

X 72a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Edna McCall

If U. S. Veteran specify WAR .....

(a) Residence: No. R.F.D. #2 Oxford, Pa. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 18, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) 3/1937

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Aaron McCall

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mabel Buswell

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Golden Woods

(Address) Nottingham Rd. Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Nov 15 1937

19. UNDERTAKER J. E. Logan

(Address) Kirkwood Ave Huntington Williamsport, Pa.

20. FILED ..... 19 NOV 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/14/37, 19..., to 11/12/37, 19...

I last saw her alive on 11/11/37, 19... Death is said to have occurred on the date stated above, at 5 41 a.m.

The principal cause of death and related causes of importance were as follows:

Lymphoid leukemia — Date of onset Jan 37
Staphylococcus (hemolytic) septicemia — 11

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? blood culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Mabel A. Howe M. D.

(Address) Union Memorial Hospital

40802 F 40802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (Ward) 8-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Pallieschi

If U.S. Veteran specify WAR ...

(a) Residence: (No.) 2433 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria Pallieschi

6. DATE OF BIRTH (month, day, year) March 13 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	55	7	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore Trans.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6?

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giuseppe Pallieschi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Teresa Vaccetti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Pallieschi (wife)

(Address) 2433 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 13 1937

19. UNDERTAKER Frank Della Valle

(Address) 52 N. Monroe St.

20. FILED DEC 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 10, 1937

I last saw him alive on Nov 10, 1937 Death is said to have occurred on the date stated above, at 1?? m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Gilbert E Redman M. D.

(Address) St. Joseph's Hospital

10803

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10803

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6204 Everall Ave. St., 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andreas F. T. Alt

If U. S. Veteran specify WAR

(a) Residence: No. 6204 Everall Ave. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schellenberger (Alt)

6. DATE OF BIRTH (month, day, year) Nov. 6, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	5 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1. blacksmith retired 2. trimmer in cemetery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1906

10. Date deceased last worked at this occupation (month and year) 1. 1928 2. 9-18-37

11. Total time (years) spent in this occupation 1. 40yrs. 2. 2.5yrs.

12. BIRTHPLACE (city or town) (State or country) Braunschweig Germany

FATHER

13. NAME Frederick Alt

14. BIRTHPLACE (city or town) (State or country) Braunschweig Germany

MOTHER

15. MAIDEN NAME Mary Steinwede

16. BIRTHPLACE (city or town) (State or country) Braunschweig Germany

17. INFORMANT Mrs. F. T. Alt
(Address) 6204 Everall Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 11/13/37

19. UNDERTAKER Leonard J. Buck
(Address) 3305 Hartford Rd

20. FILED NOV 12 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 .1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1937 to Nov. 11, 1937

I last saw him alive on Nov. 10 1937 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	Years ago
Cardiac insufficiency with dilitation.	Sept. 18, 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. K. Wilkinson M. D.

(Address) 5713 Bel Air Rd.

10804 E 10804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2137 W. Fayette St., W. 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. 0 mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Clemantine Guercio
(a) Residence: No. 2137 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Francis L. Guercio
6. DATE OF BIRTH (month, day, year): May 6. 1864
7. AGE: Years 73 | Months 6 7 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER
13. NAME: Raggio.
14. BIRTHPLACE (city or town) (State or country): Italy.

MOTHER
15. MAIDEN NAME: Angevin
16. BIRTHPLACE (city or town) (State or country): Italy.

17. INFORMANT: Tho. Guercio
(Address) 2538 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Catholic Date: 11/13 . 1937

19. UNDERTAKER: Tho. E. Foy
(Address) 600 Fulton Ave

20. FILED: NOV 13 1937 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 . 1937 to Nov. 11 . 1937.
I last saw h. alive on Nov. 11 . 1937. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 4-37
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas A Cahn M. D.
(Address) 2145 N Balto St.

10805 F 10805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 95-B 27591 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. balto. city hospt. St., 3-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Smith

(a) Residence: No. 246 S. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patricia

6. DATE OF BIRTH (month, day, year) 11-27-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. S. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL NOV 12 1937
Commissioner of Health

19. UNDERTAKER Per K. A. Moore
(Address)

20. FILED NOV 12 1937 H. E. Williams, M.D.
(Registrar)

36[illegible]2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1937, to November 5, 1937

I last saw h[illegible] alive on November 5, 1937. Death is said to have occurred on the date stated above, at 6:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-3-37
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. Lee Sawtelle M. D.

(Address) Baltimore City Hospitals

F 40806

40806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. 2nd Gen. Hospital St. 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Cummings

(a) Residence: No. 102 S. Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sara Cummings

6. DATE OF BIRTH (month, day, year) 2

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Cummings
14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Catherine Fairbanks
16. BIRTHPLACE (city or town) (State or country) Tillerman, Va.

17. INFORMANT Mary Cummings
(Address) 1102 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL NOV 12 1937
Place

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moon

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above, at about 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull and	
lacerations	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11/3 1937
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury fell on ballast

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Carter M. D.
(Address) 1215 Hanover

F 1937 3611

V S 6

F 10807 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10807

CERTIFICATE OF DEATH V46-33 26459--RHW

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carlyle Jackson

(a) Residence: No. 407 Perry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/30/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Stanley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Vennie Jackson

16. BIRTHPLACE (city or town) (State or country) virginia

17. INFORMANT hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL NOV 12 1937
Place ... Date ... 19
UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED NOV 12 1937 19 ... Registrar

3613

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-5 1937 to 11-3 1937

I last saw him alive on 11-2 1937. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of stomach with metastasis to liver	unknown
Other contributory causes of importance: Diabetes mellitus	unknown

Was an operation performed? yes Date of 10-18-37

For what disease or injury?

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F.K. Woodward Jr. M. D.

(Address) Balto City Hosp.

10808 F 10808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V213-F

1. PLACE OF DEATH English Motorship Fresno City
CITY OF BALTIMORE: (No.) Dock Collinwood Grain Co St. 76-6 Ward)

Registered No. 872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick Dunne 145 N. Arcadia Rd. Dublin Ireland

(a) Residence: No. Motorship Fresno City St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor Ab
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathews Date 11/12 31

19. UNDERTAKER William Rose
(Address) 1217 E Paul St.

20. FILED 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 19 31

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
adduced by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull and Dislocation of Cervical Vertebrae	Nov 9 31
Other contributory causes of importance: Alcoholism, Intoxicated	Nov 9 31

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Nov 9, 19 31
Where did injury occur? Motorship Fresno City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of Injury Fell down Stairway Dislocation
Nature of injury Fracture Skull, Dislocation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood, M. D.
Coroner
(Address) 1717 E. Baltimore St.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

10803 CERTIFICATE OF DEATH ✓108F 10809

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 S. Paca St. St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis P. Niemann

(a) Residence: No. 1117 S. Paca St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 21 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Niemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Muehlhof

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank G. Niemann
(Address) 2301 Cedley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Nov 13 1937

19. UNDERTAKER C. Schlosman & Son
(Address) 1039 Hanover st

20. FILED ..... 19 ..... Registrar.

NOV 12 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. H. Cullen Coroner, M. D.

(Address) 2757 N Howard

Spec.—8-16-29—L. F. S.—100 Bks.

40810

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 40810

CERTIFICATE OF DEATH

93-C

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2603 Smith Ave ST. 25th WARD 5-2

2—FULL NAME Mrs. Elizabeth Wholey

(a) RESIDENCE NO. 2603 Smith Ave ST. 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) HUSBAND of (or) WIFE of: Jacob Wholey

6 DATE OF BIRTH (month, day, and year): April 28 1869

7 AGE — Years: 68 — Months: 6 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employee: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jacob Zapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Boehm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jacob W. Wholey

(Address) 2603 Smith Ave

15 Filed ..... 19..... Huntington Williams Registrar

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 Nov 37

17 I HEREBY CERTIFY, That I attended deceased from 14 Oct 1937 to 10 Nov 1937

that I last saw h alive on 10 Nov 1937

and that death occurred, on the date stated above, at 10 00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Ch.

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Decompensation (duration) ..... yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Thamen A. Martin M. D.

Nov. 19 37 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: Nov 13th 19 3

20 UNDERTAKER: E. Schloman & Son

ADDRESS 163 W Lanvale

10811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

F 10811

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Ridgely St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia Miller

(a) Residence: No. 1115 Ridgely St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert H. Miller

6. DATE OF BIRTH (month, day, year): June 22 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 00-27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wilhelm Keyser

14. BIRTHPLACE (city or town) (State or country): Ger.

MOTHER

15. MAIDEN NAME: Amelia A. Link

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mr. Miller 1115 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov. 15 1937

19. UNDERTAKER (Address): J. Fred McCully 130 E. Fort Ave.

Filed Nov 16 1937 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1937 to Nov 14, 1937

I last saw h... alive on Nov 9, 1937. Death is said to have occurred on the date stated above, at ... a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
Valvular Heart Disease	3 yrs

Other contributory causes of importance:

Cancer of Pancreas and Stomach	2 years

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Tumor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. O. Adams M. D.

(Address) 2708 Baltimore Boulevard

40812 E 40812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Schneizl (24788)

If U. S. Veteran specify WAR .....

(a) Residence: No. 113 S. Potomac St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Moren

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interbathelsa Cem. 11/13 1937

19. UNDERTAKER J. G. Brogan & Sons
(Address)

20. FILED NOV 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) November 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to November 10, 1937.
I last saw h. alive on November 10, 1937. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonis	Dec 1934.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

40813

F 40813

HEALTH DEPARTMENT—CITY OF BALTIMORE

#27481

CERTIFICATE OF DEATH

46-B SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Conrad Miller

(a) Residence: No. 2728 Huntington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 4/19/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jessiah

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Date Nov 13, 1937

19. UNDERTAKER Edmondson's

(Address) 1911 E. Chase St. Balto. Md.

20. FILED NOV 12 1937. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937, to November 10, 1937

I last saw him alive on November 10, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Santella M. D.

(Address) Baltimore City Hospitals

F 40814

10814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Chapel St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Konrad

If U. S. Veteran specify WAR

(a) Residence: No. 915 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia Konrad

6. DATE OF BIRTH (month, day, year) Jan 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Konrad

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josephine Pick

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sophia Konrad
(Address) 915 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 15 1937

19. UNDERTAKER Frank Grank Son
(Address) 1900 Eastlund Ave

FILED NOV 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937 to Nov 11, 1937

I last saw him alive on Nov 11, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	2 yrs
Other contributory causes of importance: Chronic Uraemia	2 weeks

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.
(Address) 2200 E Madison St

F 40815

40815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Stafford Hotel Charles & Madison Sts. St. 11-2 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herbert John Thompson

(a) Residence: No. Lexington, Kentucky St. Ward. Lexington, Kentucky

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Hoefig Thompson

6. DATE OF BIRTH (month, day, year) September 21, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bradley Stables

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Herbert John Thompson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Katherine O'Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT W. R. Milward Co.

(Address) Lexington, Kentucky

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington, Kentucky Nov. 12, 1937

19. UNDERTAKER Wm. P. Yocknudt Sons

(Address) North & Ash Sts.

20. FILED 19 Registrar

NOV 13 1937

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest or inquiry) thereon and from the evidence adduced by said inquest (Inquest or inquiry) find that said deceased came to death on the date stated above.

Inquest
Inquiry
his

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Nov 12, 37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emmet B Wolfe M. D.

(Address) 1331 E North Ave

F 40816

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40816

CERTIFICATE OF DEATH

#28126 SF

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cushing, Cunigunda or Jennie

If U. S. Veteran specify WAR

(a) Residence: No. 402 S. Dean St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 3/4/1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Morris Knapp

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christena Zoran

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Nov 13 1937

19. UNDERTAKER: Martin W.C. Dippel

(Address): 37 S. Amity Stt

20. FILED ... 19 ... Registrar

DEC 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1937, to November 11, 1937

I last saw her alive on November 11, 1937. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Hypertensive cardiovascular disease	4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

F 10817

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10817

CERTIFICATE OF DEATH 28110--CM

34-9-95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Gillis

(a) Residence: No. 121 N. Schroeder St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 11-24-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Newton (D)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Braxton (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/13 37

19. UNDERTAKER Thomas E. Kelsey
(Address) 343 Preistman St

NOV 13 1937

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10- , 1937

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1937, to November 10, 1937

I last saw him alive on November 10, 1937. Death is said to have occurred on the date stated above, at 6 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month or year)
Hypertensive cardiovascular disease	
Other contributory causes of importance: Bronchopneumonia	11-8-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. de Santalle M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

0818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 90 F 10818

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George F. Siemers Jr

(a) Residence: No. 707 Granite Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George F. Siemers Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanora M. Dalsin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George F. Siemers Sr.

(Address) 707 Granite Ave.

18. BURIAL, CREMATION, OR REMOVAL

Where Druid Ridge Cem. Date Nov 15, 1937

19. UNDERTAKER C. Norwood Fox

(Address) 2015 E. Chestnut Ave.

20. FILED NOV 13 1937 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Purulent Pericarditis	Nov. 11, 37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wolfe M. D.

Coroner

(Address) 1331 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40813 — CERTIFICATE OF DEATH — 108 F 40813

1. PLACE OF DEATH Church Home & Infirmary — Registered No. 27-12

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Johnston

(a) Residence: No. 717 Eversham Ave St., ... Ward. Towson, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced) HUSBAND of (or) WIFE of Mary D. Johnston

6. DATE OF BIRTH (month, day, year) July 5 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist yr 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Thomas & Thomson

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James Johnston

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Christina Taylor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elsie V. Singleton

(Address) 717 Eversham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 15 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

Huntingtown Williams, N.D.

NOV 13 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11, 12, 37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11, 11, 37 . 19 . to 11, 12, 37 . 19

I last saw him alive on 11, 12, 37 . 19 . Death is said to have occurred on the date stated above, at 6 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11, 5, 37
Other contributory causes of importance: Hypertensive cardio-vascular disease	7 mo

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Wesley Fiker M. D.

(Address) Church Home & Inf.

10820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-2 82-aF

10820

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 W. Camden St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Alexa or Aleksaiene

(a) Residence: No. 422 W. Camden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Alexa

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME J. Sakevicius

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Mary Gelezele

(Address) 422 W. Camden St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov. 15 1937

19. UNDERTAKER John A. Grebliauckas, Jr.

(Address) 423 S. Paca Street

NOV 13 1937 Huntington Williams, MD

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Crutcher, M. D.
Coroner

(Address) 2757 E. 12th

HEALTH DEPARTMENT—CITY OF BALTIMORE

10821

CERTIFICATE OF DEATH

F 10821

20-1 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Elizabeth Dorman

(a) Residence: No. Sharon Rd Guilford Co N C St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Will W. Dorman

6. DATE OF BIRTH (month, day, year) Aug 22-62

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME Joseph E Wootten

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles J Dorman

(Address) 2036 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Nov 15 1937

19. UNDERTAKER Roland L Fickler

(Address) 1 S. Monroe St

20. FILED NOV 13 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis.	Nov 11.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harlan J Hanna M. D. Coroner

(Address) 822 N Baltimore St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10822

CERTIFICATE OF DEATH

15-193-F 10822

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Madison Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Isaac Richmond

(a) Residence: No. 1612 Baker Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cara Richmond

6. DATE OF BIRTH (month, day, year): Jan 3 1870

7. AGE	Years	Months	Days	If L. than 1 day, hrs. or min.
	67	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 568

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland Co Va

FATHER

13. NAME: Walter Richmond

14. BIRTHPLACE (city or town) (State or country): [illegible] Co Va

MOTHER

15. MAIDEN NAME: Lucy J. Chinn

16. BIRTHPLACE (city or town) (State or country): [illegible] Co Va

17. INFORMANT: Eleanor Powell

(Address) 1612 Baker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lanhattan Memorial Date: Nov 13 1937

19. UNDERTAKER: Archibald G. Gaskins

(Address) 2101 McCulloh St.

FILED NOV 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): Nov. 11. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Ray, Carner Coroner M. D.

(Address) 1216 Mansion

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10823

CERTIFICATE OF DEATH

F 10823

1-3186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Kraus

(a) Residence: No. 630 Kenwood Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Emily Kraus

6. DATE OF BIRTH (month, day, year) April 27, 57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER

13. NAME Kraus

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME Kukuna

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Mrs. August Bakman

(Address) 630 E. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Oak Hill - Nov 13-37 19

19. UNDERTAKER August Paschke

(Address) 253 Ashland Ave

[illegible] Huntington Ave

NOV 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Personal Autopsy or Inquiry) found that said deceased came to [illegible] by said [illegible] on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11-10-37

Where did injury occur? Penna. R.R. Yard - Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On railroad bridge Penna RR

Manner of injury Fell off bridge

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1919 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

10824

CERTIFICATE OF DEATH

108 F 10824

22-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Montgomery St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Porter Parker

If U. S. Veteran specify WAR

(a) Residence: No. 626 Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James - Sep -

6. DATE OF BIRTH (month, day, year) 5/25-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. County Md

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Martha Porter

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT James Porter

(Address) 626 China St

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Date 11/14 37

19. UNDERTAKER William A Jackson

(Address) 916 Fremont Ave

Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1937 to Nov 11, 1937

I last saw her alive on Nov 11, 1937 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Grayston, M. D.

(Address) 501 St Paul St

May 13 1937

Huntington

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

10825

CERTIFICATE OF DEATH

46-EF 10825

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Arunah Ave St., 16-5 Ward)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 75 yrs. 6 mos. 15 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME George Henry Baumgardner

(a) Residence: No. 2326 Arunah St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Annie L. Baumgardner

6. DATE OF BIRTH (month, day, year) April-27-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of Fairfield-W.M. Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield-W.M. Dairy

10. Date deceased last worked at this occupation (month and year) Nov-10-1937

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (City or town) (State or country) Hanover. Penna.

FATHER

13. NAME Joshua Baumgardner

14. BIRTHPLACE (City or town) (State or country) Hanover. Pa.

MOTHER

15. MAIDEN NAME Margaret Hanover.

16. BIRTHPLACE (City or town) (State or country) Pa.

17. INFORMANT Mrs Annie L Baumgardner
(Address) 2326 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Nov-15-37

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W Rockaway Ave.

NOV 13 1937 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Nov 11 1939

I last saw him alive on Nov 11 1937. Death is said to have occurred on the date stated above, at 3 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer Cancerous Perforation	Nov 11- 37
Chronic Parenchymatous Nephritis	?

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward P. French M. D.

(Address) 2329 Arunah Ave.

VS 3

F 10826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-693-cF 10826

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 N. Charles Street St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Edward Siebrecht Bean

(a) Residence: No. 2615 N. Charles Street St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret E. Bean

6. DATE OF BIRTH (month, day, year) November 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Broker

10. Date deceased last worked at this occupation (month and year) Oct-15-37

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Charles County Maryland

FATHER

13. NAME Edward D. B. Bean

14. BIRTHPLACE (city or town) (State or country) Charles County Maryland

MOTHER

15. MAIDEN NAME Louise Siebrecht

16. BIRTHPLACE (city or town) (State or country) New Orleans Louisana

17. INFORMANT Mrs. Margaret E. Bean (wife)
(Address) 2615 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov-13-37

19. UNDERTAKER Stewart & Moren Company
(Address) 108 W. North Avenue

NOV 13 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1937, to Nov. 12, 1937

I last saw him alive on Nov. 10, 1937 Death is said to have occurred on the date stated above, at 1304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Cardiac decompensation	Nov. 2 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chemical exam. No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Huntington Williams M. D.

(Address) 24 St. Mary and Ave

V6 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40827

CERTIFICATE OF DEATH

93c F 40827

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4429 Buena Vista ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion M. Daneker

If U. S. Veteran specify WAR

(a) Residence: No. 4429 Buena Vista ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna J. Daneker

6. DATE OF BIRTH (month, day, year): Aug. 11-1856

7. AGE: Years 81 | Months 3 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs. Anna J. Daneker
(Address) 4429 Buena Vista ave

18. BURIAL, CREMATION, OR REMOVAL: Cambridge Md. 11/14/37. 19
Place Date

19. UNDERTAKER: Geo. L. Bloxom
(Address) 512 Hollins St

20. FILED NOV 13 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1937 to November 11, 1937

I last saw him alive on November 11, 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocarditis	
Cerebral Apoplexy	Nov 4, 37
Cardiac Dilatation	
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank J. Klemm M. D.

(Address) 4037 Falls Road

10828

HEALTH DEPARTMENT—CITY OF BALTIMORE

10828

CERTIFICATE OF DEATH

14-1 59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 126 Mosher St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Robert Emerson Monger

(a) Residence: No. 126 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single, married, widowed, or divorced~~ WIFE of ~~HUSBAND of~~ Lydia E. Monger

6. DATE OF BIRTH (month, day, year) May 20 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draughtsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Cutting
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME George H. Monger
14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Catherine Holland
16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mary M. Evans
(Address) 126 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Runyon, Md. Date 11/13 1937

19. UNDERTAKER Hunt Funeral Home
(Address) 2109 W. North Ave. Baltimore, Md.

NOV 13 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to November 11 1937

I last saw h alive on November 11 1937 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Nov 10
Senile Diabetes	Feb 1

Other contributory causes of importance:
arteriosclerosis.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) Egbert L. Mortimer, M. D.
(Address) 2801 St Paul St.

MUEHLBERGER

HEALTH DEPARTMENT—CITY OF BALTIMORE

10829 CERTIFICATE OF DEATH 157-d F 10829

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 2600 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Muehlberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 802 S. Fagley St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 2, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		23 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Elmer P. Muehlberger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Rattman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elmer P. Muehlberger

(Address) 802 S. Fagley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov. 15 1937

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St.

20. FILED ..... 19..... Registrar.

NOV 13 1937 Huntington Williams, N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937 to November 12, 1937

I last saw h... alive on November 12, 1937 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Stricture of the Bladder — Urinary Infection — Date of onset Oct 2

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Elliot Nicholson, M. D.

(Address) Sinai Hospital

F 10830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10830

CERTIFICATE OF DEATH

482-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Queen

(a) Residence: No. 2042 E Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Queen

6. DATE OF BIRTH (month, day, year): April 14-1901

7. AGE: Years 36 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Honeyville S C

FATHER

13. NAME: James Wilson

14. BIRTHPLACE (city or town) (State or country): Honeyville S C

MOTHER

15. MAIDEN NAME: Phillis Cantway

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT (Address): Harry Queen 2042 E Eager St

18. BURIAL, CREMATION, OR REMOVAL: Filed Shipp to Jamestown SC 11-13, 37

19. UNDERTAKER (Address): Mrs. V. C. E. Elliott-D Gfatr 1127 N. Caroline St.

20. FILED 19

Registrar.

Huntington Maxwell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset: Nov 10 1931

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Heiler Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 507 Eastern Ave CORONER

10831 HEALTH DEPARTMENT—CITY OF BALTIMORE 10831

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

U. S. Veteran specify WAR

2. FULL NAME Valery Grogan

(a) Residence: No. Near Fullair Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6. DATE OF BIRTH (month, day, year)

7. AGE Years 23 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) York Co. N. C.

13. NAME Owen Grogan

14. BIRTHPLACE (city or town) (State or country) York Co. N. C.

15. MAIDEN NAME Jessie Triplett

16. BIRTHPLACE (city or town) (State or country) York Co. Md.

17. INFORMANT Robert Grogan

(Address) Fullair Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date Nov 15 1937

19. UNDERTAKER Leard Foster

(Address) Bel Air Md

Huntington Williams Registrar

NOV 11 1937

8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) (Record and from the evidence obtained by me) find that said deceased came to death on the day stated above, at 4:01 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis from Ruptured Gastric Ulcer	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Hance Lazenby Coroner M. D.

(Address) 1215 Hanover

F 10832

10832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Mount St. 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Bailey

(a) Residence: No. 1911 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 1911 Mount St Baltimore

MOTHER

13. NAME Thomas Flemming

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margarett Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 13 1937 19

Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar.

NOV 14 1937 3615

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/37. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
5 mos. Duration	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Fred Stockbridge M. D.

(Address) 703 W Lafayette ave

E 10833

10833 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-1 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elisha Fowler (Baby boy A.)

(a) Residence: No. 720 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/20/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21h	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Sylvester Fowler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL NOV 13 1937 19
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address) Huntington Williams, N.Y.

20. FILED NOV 13 1937

Still

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1937 to Nov. 11th 1937

I last saw him alive on Nov 11th 1937 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	
Other contributory causes of importance: Circulatory failure	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ring B. E. Segay, Jr. M. D.
(Address) University Hospital

40831

F 40834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret McNair

(a) Residence: No. Emmitsburg Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 11 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stitcher 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Shoe Factory

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME Scott McNair

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

15. MAIDEN NAME Marian Gelwicks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bro. (Address) Wolfe

18. BURIAL, CREMATION, OR REMOVAL Place Emmitsburg Md Date Nov. 17. 1937

19. UNDERTAKER H. H. Little & Son (Address) Littlestown Pa.

20. FILED NOV 17 1937 Huntington Williams, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27 1937 to Nov. 13th 1937

I last saw her alive on Nov. 13th 1937. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor.	?
Other contributory causes of importance:	?

Name of operation Removal of brain tumor Date of 7/21/37

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Dorst, M. D.

(Address) St Agnes Hosp

M 40835 F 40835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

195-B

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Eaton Ave. City St. 15-6 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No War Record

2. FULL NAME Rhoda M. Gardiner

(a) Residence: No. 1811 Poplar Grove St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Lorenza T. Gardiner

6. DATE OF BIRTH (month, day, year) Oct 31st 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	..	0	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

FATHER
13. NAME William A. Campbell
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Mary A. Bauque
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Jenkins Memorial Hospt 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL Interment Woodlawn Cem. Co Md. Date Nov 16th 1937
Place

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED NOV 17 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937 to Nov. 13, 1937
I last saw her alive on 11-13 1937 Death is said to have occurred on the date stated above, at 5:37 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease & Myocardial Failure	?

Other contributory causes of importance:
Senility.

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Lawrence J. Shumaker M.D.
(Address) Jenkins Memorial

40836 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 40836

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp (Hospital, Institution or Street and No.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Grace Fisk

If U. S. Veteran specify War No Record

(a) Residence: No. 1324 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. Married, widowed, ~~or divorced~~ (or) WIFE of John F Fisk Jr.

6. DATE OF BIRTH (month, day, year) About 1862

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Milford Ohio

FATHER

13. NAME Frank M. Gatch

14. BIRTHPLACE (city or town) (State or country) Milford Ohio

MOTHER

15. MAIDEN NAME Selina E Gatch

16. BIRTHPLACE (city or town) (State or country) Milford Ohio

17. INFORMANT Milton W Gatch

(Address) 2600 N. Calvert St

18. BURIAL, CREMATION, or REMOVAL Cremation

Place Milford Ohio Date Nov 14 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 14 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1937 to 11-13 1937.

I last saw her alive on 11-12 1937. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension.	
Other contributory causes of importance: Cerebral accident	10-12-37

Was an operation performed? Date of None

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Illegible M. D.

(Address) Md. Gen Hosp.

M. D. R. 1268-9

F 40837

40837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH 3512 E. Fairmount Ave

CITY OF BALTIMORE: (No.) St. 36-4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith — No War Record

(a) Residence: No. 3517 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Agnes Smith

6. DATE OF BIRTH (month, day, year) Jan. 11, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cowton
(State or country) Balto. Co., Md.

FATHER

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Maxima

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Emma Smith
(Address) 3517 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Nov 15, 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED NOV 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937, to Nov. 13, 1937

I last saw him alive on Nov. 12, 1937 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	11, 1937

Other contributory causes of importance:

Carcinoma of larynx, general carcinomatosis	Aug. 1936

Name of operation none Date of

What test confirmed diagnosis? physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Sobieski, M. D.

(Address) 447 N. Kenwood Ave

10838

HEALTH DEPARTMENT—CITY OF BALTIMORE

10838

CERTIFICATE OF DEATH

25442--RHW

1. PLACE OF DEATH

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St., W-8 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. Lindsey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 319 S. Collins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 11/12/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	64	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scenic Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed 6 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

FATHER

13. NAME James Lindsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Jarrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) hospitals records

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Nov 16 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 Registrar.

NOV 14 1937 Huntington Millwille, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937 to November 12, 1937

I last saw h alive on November 12, 1937. Death is said to have occurred on the date stated above, at 8 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-5-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

F 40839

HEALTH DEPARTMENT—CITY OF BALTIMORE

40839

CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Claremont St., 76-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luigi Aiello

(a) Residence: No. 3701 Claremont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Giuseppa Aiello

6. DATE OF BIRTH (month, day, year) Dec 29, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pole

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pietro Aiello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife
(Address) 3701 Claremont

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 15 1937

19. UNDERTAKER Frank V. Pepitone
(Address) 2818 E. Baltimore St

20. FILED ..... 19..... By .....

Nov 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937, to November 11, 1937

I last saw h... in alive on November 11, 1937. Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	10/30/37
Other contributory causes of importance: Broncho-Pneumonia	11/2/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philibert Artigiani M. D.

(Address) 2942 E. Fayette Street

10840 HEALTH DEPARTMENT—CITY OF BALTIMORE 10840

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Sinai Hospital St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred

If U. S. Veteran specify WAR

2. FULL NAME Mabel Bright

(a) Residence: No. 2208 E Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Herbert Bright

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hans Schulman

(Address) 2208 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL. 11/14/37

Place Rosedale Date

19. UNDERTAKER Jack Gans Co

(Address) 1429 E. Baltimore St

NOV 14 1937 Thurlington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-13-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov-11-1937 to Nov-12 1937

I last saw her alive on Nov-13 1937. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis	Sept 1936
Congestive Heart Failure	Sept 1936
Uremia	Nov-1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Schwartz M. D.

(Address) Sinai Hosp.

10841 HEALTH DEPARTMENT—CITY OF BALTIMORE 10841

CERTIFICATE OF DEATH

472-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1704 Fwynna Falls Pkwy (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Benjamin Bisko

If U. S. Veteran specify WAR

(a) Residence: No. 1704 Fwynna Falls Pkwy Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rae

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fruma

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 11/14/37

19. UNDERTAKER Jack Levy Co.
(Address) 1432 E. Baltimore St.

20. FILED 19 Registrar

NOV 14 1937 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1937 to 11/13, 1937

I last saw h. alive on 11/13 1937 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukaemia	1 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) David Strauss M. D.

(Address) 1 W Pleasant

E 10842

10842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Park Heights ave St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Betty Hyman

(a) Residence: No. 4202 Park Heights ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Harry

6. DATE OF BIRTH (month, day, year): 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Zelig Udelewitz

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sarah ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Dr Robert Brotman

(Address): 2135 W North ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rosedale Date Nov 14 37

19. UNDERTAKER: Sol Levinson & Bros

(Address): 1124-26 W North ave

20. FILED 19 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13. 1937

22. "I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to Nov. 13, 1937

I last saw her alive on Nov. 12, 1937 Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	Several years
Other contributory causes of importance: Coronary Thrombosis	24 hours

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? / Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. A. Levinson M. D.

(Address) 2040 Eutaw Place

10843 HEALTH DEPARTMENT—CITY OF BALTIMORE 10843

CERTIFICATE OF DEATH 12680 MB 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James M. Grant

(a) Residence: No. 109 Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/19/1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ogdensburg, N. Y.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Catherine Regan

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11-14 1937

19. UNDERTAKER J. J. Fahey & Sons, 1318 Light St.
(Address)

20. FILED 1937 Huntington Williamsburg, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937, to November 8 1937

I last saw him alive on November 8 1937 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. DeSantelle M. D.

(Address) Baltimore City Hospitals

✓ F 40844

HEALTH DEPARTMENT—CITY OF BALTIMORE

40844

CERTIFICATE OF DEATH

82-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Maryland St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. 4 mos. ds.

2. FULL NAME Homer D. Walbrym

(a) Residence: No. Easton Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Clara Suppes

6. DATE OF BIRTH (month, day, year) Aug 19. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Farmer~~ State Mogr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Jane Hamilton

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs C. Burroughs

(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa Date Nov. 15 37

19. UNDERTAKER John A Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

NOV 14 1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24-37, 19 to 11-13-37, 19

I last saw him alive on 11-13-37, 19 Death is said to have occurred on the date stated above, at 1:07 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis + Encephalomalacia — Date of onset

Other contributory causes of importance: Chronic pneumonia

Was an operation performed? Yes Date of 8-20-37

For what disease or injury? Decompression for subarachnoid fluid

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Patton M. D.

(Address) University Hospital

10845 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10845

CERTIFICATE OF DEATH

Registered No. 12-5-59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna D Stokes
If U. S. Veteran specify WAR

(a) Residence: No. 1639 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas William Royal Stokes

6. DATE OF BIRTH (month, day, year) Feb 9, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 5 mos ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Cleveland F. Dunbabin
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER
15. MAIDEN NAME Anna Parker
16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT (Hospital Records)
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Nov 16 1937

19. UNDERTAKER Henry Heuisler Inc
(Address) Orchard & McCulloh Sts

20. FILED ... 19... By Arrington Williams, M.D.

V. AON

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937, to Nov 12, 1937.

I last saw her alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hemorrhage of Coronary Arteries	

Other contributory causes of importance:
Diabetes Mellitus
Intracranial Abscess

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Richard H Pambrook M. D.

(Address) Mercy Hospital

10846 F 10846

10846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Alto Road St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 7 ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Elizabeth Martenet

If U.S. Veteran specify WAR

(a) Residence: No. 3304 Alto Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. William H. Martenet

6. DATE OF BIRTH (month, day, year) Nov. 5, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Blankfard

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Macintosh

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT J. Blankfard Martenet
(Address) 1138 Munsey Building

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 11/15 37

19. UNDERTAKER Henry H. Meares & Son
(Address) 805 N. Calvert St.

20. FILED 11 Registrar

1331 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-12- 1937

22. I HEREBY CERTIFY, That I attended deceased from July-10 1937 to Nov-12 1937

I last saw h[illegible] alive on Nov-11- 1937 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
a. Myocarditis, chronic with myocardiac insufficiency and terminal collapse	4 mos.	7/10/37
b.		
c.		
d.		

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wesley Cole M. D.

(Address) 720 Eutaw Place

F 10847

10847 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10847

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 E. 31st St. St. 12-2 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estella B. Burrier

If U. S. Veteran specify WAR .....

(a) Residence: No. 416 E 31st St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence L. Burrier

6. DATE OF BIRTH (month, day, year) Oct 25, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles Cross

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Bryan

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Clarence W. Burrier

(Address) 416 E 31st St

18. BURIAL, CREMATION, OR REMOVAL

London Park Date Nov 15, 1937

19. UNDERTAKER Chenowith Son

(Address) 3615-17 Chestnut Ave.

20. FILED ... 19... Registrar

V 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Nov. 12 1937

I last saw her alive on Nov. 12 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

High Blood Pressure
Arteriosclerosis + Enlarged Heart

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Costello M. D.

(Address) 335 E 31st St

10848 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10848

CERTIFICATE OF DEATH 28125--CM 35-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 16-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 901 N. Stricker St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 9-9-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Handy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 11/16/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 5 E. Biddle St

20. FILED NOV 14 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-37, 19

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1937 to November 12 1937

I last saw him alive on November 12 1937. Death is said to have occurred on the date stated above, at 5.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphopathia venereum	Since 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Lamielle M. D.
(Address) Baltimore City Hospitals

F 1084 HEALTH DEPARTMENT—CITY OF BALTIMORE F 1084

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Brunt St St. 17-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Davis

(a) Residence: No. 1305 Brunt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora Davis

6. DATE OF BIRTH (month, day, year) April 26, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME Adams Davis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Prince

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cora Davis (Address) 1305 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Park Date 11/16/ 1937

19. UNDERTAKER Frances A. Hemsley (Address) 518 W. Biddle St

20. FILED ... 19 ... Registrar.

NOV 17 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 ... to Nov. 17 1937

I last saw him alive on Nov. 15 1937 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Arterio-Sclerosis	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hoyle Ellington M.D.

(Address) 617 Lexington St

10850 ✓ F 10850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Charnock CHARNOCK If U. S. Veteran specify WAR .....

(a) Residence: No. 2110 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. L. Charnock

6. DATE OF BIRTH (month, day, year) April 15, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Vincent Savelisky

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Daledovick

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Chas. L. Charnock

(Address) 2110 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 15 1937

19. UNDERTAKER Bro. Mrs. John N. Geisel & Son

(Address) 501 W. Fayette St

20. FILED ..... 19 ..... Registrar

V 1937 ..... Registrar

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Diseas of Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 2257 N. Luth

F 40851

HEALTH DEPARTMENT—CITY OF BALTIMORE

10851

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. Collington Ave St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Constantly August Filipowicz

(a) Residence: No. 206 S. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances Filipowicz

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... as Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Tube

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Filipowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Elizabeth Adamski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Frances Filipowicz
(Address) 206 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 16 1937

19. UNDERTAKER John H. Weber
(Address) 401 S. Chester St

20. FILED ..... 19 ..... Registrar

NOV 17 1937 Huntington Pittman, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1936, to November 12, 1937

I last saw h... alive on November 12, 1937. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	Feb. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. F. Draga M. D.

(Address) 209 S. Chester St.

✓ F 40852

0852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. 13-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvia M. Fox

If U. S. Veteran specify WAR

(a) Residence: No. Eastwood Gt Eutaw Pl. Boulevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Robert Fox

6. DATE OF BIRTH (month, day, year) July 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Whitefield

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Dr. Robert L. Fox
(Address) 6209 Wallis Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Balto. Hebrew Cem. Date Nov. 15 1937

19. UNDERTAKER David Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED 19 Registrar.

NOV 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-13- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov-3- 1937 to Nov-13 1937

I last saw her alive on Nov-13- 1937 Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Nov-7-1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred S. Schwartz M. D.

(Address) Sinai Hosp

10853

F 10853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5703 Donnell St. 26-6 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... da.

If U.S. Veteran specify WAR .....

2. FULL NAME Frank Garnowicz

(a) Residence: No. 5703 Donnell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sophia

6. DATE OF BIRTH (month, day, year): Not known

7. AGE — Years	Months	Days	If LESS than 1 day... hrs. or ... min.
About 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grave digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Frank Garnowicz

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Helen

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Sophia Garnowicz
(Address): 5703 Donnell St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: Nov 15 19 37

19. UNDERTAKER: Wm. J. Falkowski
(Address): 2021 Eastern Ave

20. FILED: NOV 14 1937 Per ... for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937 to Nov. 12, 1937

I last saw him alive on Nov. 12, 1937. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset Nov. 10, 37

Other contributory causes of importance:

chronic Hypertension
arterio-sklerosis

Was an operation performed? no Date of .....

For what disease or injury? —

What test confirmed diagnosis? signs & symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N Date of injury — , 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify heart failure

(Signed) John J. Kruger M. D.

(Address) 2621 Eastern Ave.

10851 HEALTH DEPARTMENT—CITY OF BALTIMORE 10851

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 5-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert William Dixon
If U. S. Veteran specify WAR World

(a) Residence: No. 507 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mable Dixon

6. DATE OF BIRTH (month, day, year) June 3, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel plant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Edward Dixon
14. BIRTHPLACE (city or town) (State or country) Newport News Va

MOTHER
15. MAIDEN NAME Immaline —
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mable Dixon (wife)
(Address) 161 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 11-16- 1937

19. UNDERTAKER Mrs Idal Bailey
(Address) 421 Jefferson St

20. FILED 19 Huntington Williams Reg.

11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11. 7. 1937 to 11. 11. 1937
I last saw him alive on 11. 11. 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11.6.37
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) James E. Carr M. D.
(Address) 515 Norbert St.

10855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10855

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 47-B

CITY OF BALTIMORE: (No. Mercy Hospital St., 19-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Eva Pisarovich — If U. S. Veteran specify WAR

(a) Residence: No. 310 S. Woodyear St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Pisarovich

6. DATE OF BIRTH (month, day, year) October 15 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Serbia

FATHER

13. NAME Redzwood Milskarevich

14. BIRTHPLACE (city or town) (State or country) Serbia

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Serbia

17. INFORMANT self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Nov 15 1937

19. UNDERTAKER Rott & B. M. Walters
(Address) Front & Stucker St

20. FILED 19 Registrar

NOV 14 1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937 to Nov. 12, 1937

I last saw her alive on Nov. 12, 1937 Death is said to have occurred on the date stated above, at 11 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lung	2 yrs
Other contributory causes of importance: Syphilis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H Penfrobe M. D.

(Address) Mercy Hospital

10856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10856

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5314 Wayne Ave St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Dwyer

If U. S. Veteran specify WAR

(a) Residence: No. 5314 Wayne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia E. Dwyer

6. DATE OF BIRTH (month, day, year) Jan 12 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tester meters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat Meter Co N.Y.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Yonkers N.Y.

FATHER

13. NAME Dennis Dwyer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eleanor Lawler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia E. Dwyer
(Address) 5314 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral C Date Nov 16 37

19. UNDERTAKER Harry T. Timanus
(Address) 4204 Ridgewood Ave.

20. FILED 19 Registrar

14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1932 to 11/13 1937

I last saw h alive on 11/13 1937 Death is said to have occurred on the date stated above, at 11 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure -	11/12/37
Hypertension -	1930

Other contributory causes of importance:

Arteriosclerosis -	
Chronic nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. D.
(Address) 800 Eutaw Pl.

E 10857 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10857

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 70-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ..... , ...

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... , 19

19. UNDERTAKER Harry A. Tuttle (Address) .....

20. FILED ..... Huntington Williams, M.D. Registrar.

JUN 13 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to 11-12-, 1937

I last saw h[illegible] alive on 11-12-, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of stomach	July, 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 23 1937

For what disease or injury? Ca of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward L. Kaufman M.D.

(Address) 1940 N. Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10858 E 10858

CERTIFICATE OF DEATH

Registered No. 125 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME D. Frank Stauffer

If U. S. Veteran specify WAR

(a) Residence: No. 2642 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Stauffer

6. DATE OF BIRTH (month, day, year) June 14 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME James Stauffer

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Agnes Stauffer
(Address) 5122 Harford Rd. Hillen

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov. 16 37

19. UNDERTAKER John J. Henry
(Address) 715 Light St

20. FILED NOV 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1937 to Nov 13 1937

I last saw him alive on Nov 13 1937 Death is said to have occurred on the date stated above, at 11:24A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver Abscess	10/27/37
Other contributory causes of importance:	
Generalized Peritonitis	10/27/37
Pyothorax (Right)	10/13/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. F. Johnston M. D.

(Address) Md. General Hospital

3.36 038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-13 E 10859

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 12 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Rhone

(a) Residence: No. 2416 Oak St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-27-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachel Butler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Phillip Rhone (Address) 320 W Preston St.

18. BURIAL, CREMATION, OR REMOVAL Louis Williams Co. Va. Nov. 3 37

19. UNDERTAKER Adolphus Kalbiah (Address) 1 S Eutaw Balto.

20. FILED ..... 19 ..... Registrar

NOV 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1937 to Nov 13, 1937

I last saw him alive on Nov 13, 1937 Death is said to have occurred on the date stated above, at 550 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 1933

For what disease or injury? Carcinoma of Stomach

Name of operation Radical Gastrectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. Alley Erskine, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 128 F 10860

10860

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roland A Knight

(a) Residence: No. 1814 Monkel Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen V. Knight.

6. DATE OF BIRTH (month, day, year) July 23, 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23 years	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Piston Ring Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

FATHER

13. NAME Alphonso Knight.

14. BIRTHPLACE (city or town) (State or country) Odenton Md.

MOTHER

15. MAIDEN NAME Nannie Haymond

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

17. INFORMANT (Address) Mrs Helen V. Knight Severn - Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Nichols Meml Cem to Nov. 17 37

19. UNDERTAKER (Address) Wm. Mackey Sons North & Pa Aves.

19 ... Registrar

NOV 15 1937

Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937 to Nov. 14, 1937

I last saw h.i. m alive on Nov 14, 1937 Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	
Other contributory causes of importance: Pulmonary Embolus (?)	

Was an operation performed? Yes Date of Nov 2, 1937

For what disease or injury? Acute Pancreatitis

Name of operation Laparotomy & drainage

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwards Mercy Hosp. M. D.

(Address) .....

1

HEALTH DEPARTMENT—CITY OF BALTIMORE

10861 F 10861

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4604 Haddon ave 28-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Wilhelmina (also Hannah) Beck

If U. S. Veteran specify WAR

(a) Residence: No. 4604 Haddon ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard J Beck

6. DATE OF BIRTH (month, day, year) Feb 23, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Jan. 37

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry J. Browning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Petri

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ruth Mitchell

(Address) 4604 Haddon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov. 16, 37

19. UNDERTAKER Wm J. Tickner & Sons

(Address) North & Mt Ave.

20. filed ..... 19 ..... Registrar

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937, to Nov 13 37

I last saw her alive on Nov. 12, 1937. Death is said to have occurred on the date stated above, at 12.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid and rectum	(2 w)
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

10862 CERTIFICATE OF DEATH E 10862

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Park Ave St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida B. Crook

If U. S. Veteran specify WAR

(a) Residence: No. 1309 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Saml Crook.

6. DATE OF BIRTH (month, day, year): July 29, 1866

7. AGE: Years 71 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Louis E. Frederick

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Henrietta Haas

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mrs. Wm C. Lowndes. Oak Grove Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL: Place: Lorraine Cem. Nov. 15 37

19. UNDERTAKER (Address): Wm Heckrotte Sons Hotel & Paines.

20. FILED: NOV 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 35 to Nov 12 1937.

I last saw her alive on Nov 12 1937. Death is said to have occurred on the date stated above, at No. 20th

The principal cause of death and related causes of importance were as follows:

Hypertension
Arterio-Sclerosis
Myocarditis

Date of onset: Gradual

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: Curet

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W A Heady M. D.

(Address) 140 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10863

CERTIFICATE OF DEATH

131 F 10863

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2130 W. Fayette St., 20-26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Winters
If U. S. Veteran specify WAR

(a) Residence: No. 2130 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augustus Winters

6. DATE OF BIRTH (month, day, year) Sept. 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick O'Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mont Know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Augustus Winters
(Address) 2130 Wildwood Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov. 16, 1937

19. UNDERTAKER Margaret G. Flynn
(Address) 1422 Light St.

20. FILED Huntington Williams, Registrar
NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov. 13, 1937

I last saw h alive on Nov. 13, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	1 yr 6 mo
Chronic Bronchitis.	

Other contributory causes of importance: none

Was an operation performed? none Date of

For what disease or injury? None

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas Norton, M. D.

(Address) 8 W. Lanvale St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10864 ✓ 108 F 10864

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. MARINE HOSPITAL, Baltimore, Md. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23-2 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Knouff If U. S. Veteran specify WAR S.A.W.

(a) Residence: No. 1433 S. Charles St., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of— unknown

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipefitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records - U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Bet. Natl Cem Date Nov 16 '37

19. UNDERTAKER Margaret G. Flynn (Address) 1002 Eutaw St

Huntington Williams, M.D.

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1937, to November 13, 1937

I last saw him alive on November 13, 1937. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, left	11-1-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) L. L. Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLW/g

10865 E 10865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME Philip Greenberg

(a) Residence: No. 1633 Warwick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Greenberg.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Sandler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 11/15/37

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED NOV 15 1937 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-5-37, 19 , to 11-14-37, 19

I last saw h/m alive on , 19 . Death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism — Date of onset 11-9-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-5-37

For what disease or injury? Acute appendicitis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett J. Diggs M. D.

(Address) University Hospital

10866 HEALTH DEPARTMENT—CITY OF BALTIMORE 10866

CERTIFICATE OF DEATH

15-3 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Rudolph.

(a) Residence: No. 1623 Ruxton ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Rudolph.

6. DATE OF BIRTH (month, day, year) July 25 1866

7. AGE Years	Months	Days	If LESS than 1 day...hrs. or ...min.
71	? 3	? 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-26-37 (?)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Samuel Rudolph.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Wash. Pk. Cem. Date 11-16 37

19. UNDERTAKER Jack Lewis Shop
(Address) 1434 E. Balto St.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1937 to 11-14 1937

I last saw him alive on 11-14 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 11-10-37

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) S. C. Monroe M. D.

(Address) West Balt. Gen. Hosp.

NOV 15 1937

F 40867

40867 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 209-M

Registered No. 27-78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel Kersh

(a) Residence: No. 4857 Reistertown Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Kirsh

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Kirsh

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Saren Gittle

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Morrs Kirsh

(Address) 4857 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date 11-15- 1937

19. UNDERTAKER Jack Levy Inc

(Address) 1402 E Fait St

20. FILED NOV 15 1937

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 14, 1937

Where did injury occur? Park Hights & Cold Spring Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Street)

Manner of injury Struck by Street Car

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M. D.

(Address) 3757 W. Lexington

10863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10868

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 McKean Ave. 15-2-59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Value Koppelman

If U. S. Veteran specify WAR

(a) Residence: No. 1624 McKean Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hyman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Denah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. M. S. Koppelman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 11-15-37 19

19. UNDERTAKER Jacob Levy Inc.
(Address) 1437 E. Baltimore St.

20. FILED 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-37 19

22. I HEREBY CERTIFY, That I attended deceased from Nov-2- 1937 to Nov-14- 1937.

I last saw h alive on Nov-14- 1937 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset 1916

Other contributory causes of importance:

Cholithiasis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Herman Siedel M. D.

(Address) 2404 Eutaw Pl

Earl L Stiars (Stiare)

HEALTH DEPARTMENT—CITY OF BALTIMORE

10863 — CERTIFICATE OF DEATH — F 10863

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl L Stiars

If U. S. Veteran specify WAR

(a) Residence: No. 3115 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 28, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Balto Transit Co

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation Balto Md

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Henry Stiars

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Miss Sadie Hunt

(Address) 1919 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Centerville Md. Date 11/16 1937

19. UNDERTAKER Richard F. Greeley

(Address) 700 E. North Ave

FILED — 19 Registrar

NOV 15 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by an Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov. 1937
Other contributory causes of importance: Chronic Pulmonary Tuberculosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jane C. Wolfe M. D.
Coroner

(Address) 33 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

10870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10870

1. PLACE OF DEATH — Registered No. 108

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Udell Belmore — If U. S. Veteran specify WAR

(a) Residence: No. 734 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Belmore

6. DATE OF BIRTH (month, day, year) 1879 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julius Belmore (Address) 734 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Nov. 16 '37

19. UNDERTAKER Mrs. George H. Noland (Address) 1631 Druid Hill Ave

19 Huntington Williams, M.D.

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-37

22. I HEREBY CERTIFY, That I attended deceased from 10-25-37 to 11-15-37

I last saw h[illegible] alive on 11-14-37 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10-25-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 915 Madison St.

10871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10871

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Martin Geiger

If U. S. Veteran specify WAR

(a) Residence: No. 3209 Phelps Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna K. Geiger

6. DATE OF BIRTH (month, day, year) March 2, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Geiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Geiger
(Address) 3012 Woodnome Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Luth. (Lauraville) Date 11/16/37

19. UNDERTAKER Geo. Wilson & Son
(Address) 3623 Edmondson Ave

... 19 ... Registrar

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Nov. 13, 1937

Where did injury occur? 400 Block S. Monroe St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public (Street)

Manner of injury Struck by Auto.

Nature of injury Crushing pains

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Nolan M. D.
Coroner

(Address) 3737 W. Monroe

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10872 — 87-aE 10872

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E Pratt St., 3-1 Ward) — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Morton

(a) Residence: No. 1614 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: Colored

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Georgiana Morton

6. DATE OF BIRTH (month, day, year): April 15, 1875

7. AGE: Years: 62 | Months: 7 mos | Days: 26 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor for gas co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Annarundel Sand Co

10. Date deceased last worked at this occupation (month, year): April 1937

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: William Morton

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Rose Morton

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT (Address): Georgiana Morton 1614 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem. Date: Nov 15th 1937

19. UNDERTAKER (Address): Elliott-Caroline Co. Huntington Williams, Inc.

20. [illegible]

Registrar.

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Nov 11 1937

I last saw him alive on Nov 10 1937. Death is said to have occurred on the date stated above, at 3 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Hemorrhagic	Nov 11/37
	over
Other contributory causes of importance: arteriosclerosis	Oct 1/37

Name of operation: none Date of:

What test confirmed diagnosis: none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in **Industry**, in **home**, or in **public place**

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard L Eachus M. D.

(Address) 1514 E Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10873

CERTIFICATE OF DEATH

√94 F 10873

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Ramsey St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Ruhmann

(a) Residence: No. 1922 Ramsey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Wh.

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Ruhmann

6. DATE OF BIRTH (month, day, year) Mar 1 1861

7. AGE Years 76 Months 8 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Wellmann

(Address) 1922 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 11/16 19 37

19. UNDERTAKER Leonard J Koch

(Address) 836 Hartford Ave

FILED 19 Funeral Director M.D.

NOV 15 1937

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J J Hayes M. D.

(Address) 1922 W Baltimore St

10874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B F 10874

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 S Calhoun St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Annie J. Peregoy If U. S. Veteran specify WAR

(a) Residence: No. 121 S Calhoun St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Wm. J. Peregoy

6. DATE OF BIRTH (month, day, year) May 19-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Marion Chance

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Margaret Peregoy
(Address) 121 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 11/16/37 19

19. UNDERTAKER Jos L Beyer Jr
(Address) 1512 Lollins St

20. FILED NOV 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936 to Nov 13, 1937

I last saw her alive on 11-12, 1937. Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	11-5-37
Bronchopneumonia	11-3-37
Other contributory causes of importance:	
generalized arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St

V9 9

10875 10875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Johnson

(a) Residence: No. 620 S. Fremount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	32	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 2040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME A. Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rachel Johnson

(Address) Stevensville Md.

18. BURIAL, CREMATION, OR REMOVAL Md

Place Stevensville Date 11/15 37 19

19. UNDERTAKER Thomas E. Nelson

(Address) [illegible]

20. FILED NOV 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V S 6

10876

HEALTH DEPARTMENT—CITY OF BALTIMORE

10876 F

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 34 Ward) 4-23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hughes (8308)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1514 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at Sea

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Liza Reed

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address) Locality

18. BURIAL, CREMATION, OR REMOVAL
Place Int Cath Y Nov 15th 37

19. UNDERTAKER Athey & Wilson
(Address) 1000 Brantley Av

... 19 ... Registrar.

NOV 15 1937 Huntington Avenue, Md.
(L.A.S.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935 to November 12, 1937

I last saw h... alive on November 12, 1937. Death is said to have occurred on the date stated above, at 4:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene of legs	Feb 1937
Cerebral thrombosis (arteriosclerotic)	Nov. 8 1937
Other contributory causes of importance: Tuberculosis of lung	Dec. 1934

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

OCCUPATIONS IS very important. See that this question is fully answered.

40877 F 40877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2956 Harford Road St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Fannie Shelley

(a) Residence: No. 2956 Harford Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Shelley

6. DATE OF BIRTH (month, day, year) Aug 3 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Mary Hinnes

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ford

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Amarelle B. Hay

(Address) 2956 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov. 16 1937

19. UNDERTAKER Minnie C. Eyler

(Address) 1602 E. North Ave.

20. FILED NOV 17 1937 Nov 16 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1924 to Nov. 13 1937

I last saw him alive on Nov 12 1937 Death is said to have occurred on the date stated above, at 12-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1924 Est.
Other contributory causes of importance: Cerebral Arteriosclerosis	1924 Est.

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum, urine & blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 705 Medical Arts Bldg.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

V S 3

40878 V F 40878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 North Broadway St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton W. Jones

(a) Residence: No. 424 North Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Grace Jones

6. DATE OF BIRTH (month, day, year) July 8, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 13 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Kemp

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT E. Grace Jones (Wife)
(Address) 424 North Broadwey

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov. 17 1937

19. UNDERTAKER Harry N. Armacost & Son
(Address) 4204 Ridgewood Ave.

20. FILED ..... 19..... Registrar

NOV 13 1937 Hunter E. Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1937 to Nov 14 1937

I last saw h.. alive on Nov 14 1937 Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Nephritis	Nov 14/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wendell J. Grenga M. D.

(Address) 1900 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10873 F 10879

CERTIFICATE OF DEATH

Registered No. 943

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 905 N. Linwood Ave St., 7th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Melka
If U. S. Veteran specify WAR

(a) Residence: No. 905 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Melka

6. DATE OF BIRTH (month, day, year) March 4, 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ocean
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER
13. NAME Frank Melka
14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Melka (Address) 905 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Nov 17 1937

19. UNDERTAKER Frank Grach Son (Address) 1920 Eastern Ave

Huntington Williams Registrar.

20. FILED NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Nov 13 1937
I last saw h alive on Nov 13 1937 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset Nov 13 1937

Other contributory causes of importance: Acute Cardiac Dilatation 1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation EKG. What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Lazega M. D.
(Address) 1800 N. Patterson Park Ave

10880

HEALTH DEPARTMENT—CITY OF BALTIMORE

10880

CERTIFICATE OF DEATH

7-2 117-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Estelle Thaser

(a) Residence: No. 2500 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Thaser

6. DATE OF BIRTH (month, day, year) 1/29/08

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O W

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Adrian McKay

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Lena Barnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Nov 17. 37

19. UNDERTAKER Frank Cruchadon
(Address) 1486 Ashland Ave.

20. FILED NOV 13 1937 Arrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1937 to Nov 15 1937

I last saw her alive on Nov 15, 1937 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-intestinal hemorrhage	
probably from ulcer	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Walter B. Burch M. D.

(Address) John Hopkins Hosp.

OCCUPATION IS VERY Important. SEE INSTRUCTIONS ON BACK

JOHNS HOPKINS HOSPITAL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10881

CERTIFICATE OF DEATH

14-28

F 10881

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ...

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/16 37

19. UNDERTAKER Thomas E. Pate

(Address) 1363 Pennsylvania Ave

20. FILED ... 19 ... Registrar

NOV 15 1937 Huntington Williams, M.D.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/37

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h.c. alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

10882

CERTIFICATE OF DEATH

14-23 F 10882

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Beard

If U. S. Veteran specify WAR

(a) Residence: No. 1527 Myrtle Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette

6. DATE OF BIRTH (month, day, year) Sept. 15, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Beard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ella Hollaway

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) H.S.D. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 18 1937

19. UNDERTAKER (Address) Jos A Lively 609 N Mungt street

20. FILED 19.. Registrar

NOV 15 1937 Urinary Tuberculosis

O. K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to Nov. 13, 1937

I last saw him alive on Nov. 13, 1937 Death is said to have occurred on the date stated above, at 6⁰⁵ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Obstruction	Nov. 8 1937
Uremia	Nov. 9 1937
(Other contributory causes of importance:) Tuberculosis of lungs	Nov 1936

Was an operation performed? no Date of ?

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place;

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10883

CERTIFICATE OF DEATH

9-2 23 F 10883

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Lakeside St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Regina Thirkel If U. S. Veteran specify WAR

(a) Residence: No. 1516 Lakeside St., Ward (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Thirkel

6. DATE OF BIRTH (month, day, year) Aug. 6, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawk 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Alexander Finn

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Julia Kelly

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Wm. E. Thirkel (Address) 1516 Lakeside

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 11/16/37 19

19. UNDERTAKER Chas. P. Graul & Son (Address) 118 W. Mt. Royal Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 13 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 8 - 1932 to 11 - 13 - 1937

I last saw her alive on 11 - 12 - 1937 Death is said to have occurred on the date stated above, at 7.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Sybert M. D.

(Address) 2802 Harford Ave.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE.

V 8 3

NOV 15 1937

Huntington Williams, Reg.

10881 F 10881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 210-M

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond W. Scherer Jr.

(a) Residence: No. 1735 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Raymond W. Scherer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret E. Sprankling

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Raymond W. Scherer (Address) 1735 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov. 17, 1937

19. UNDERTAKER John F. Henry (Address) 715 Light St.

20. FILED NOV 17 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Nov. 13, 1937

Where did injury occur? Biddle & Bond St. Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public St.

Manner of injury Struck by Auto.

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Karsner Coroner, M. D.

(Address) 2757 E. Lan...

OCCUPATION is very important. See instructions on back of certificate.

10885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10885

CERTIFICATE OF DEATH

14-1

93-C Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Cox

If U. S. Veteran specify WAR

(a) Residence: No. 1615 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dandridge S. COX

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Arabella M. Lyell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Haldeman

(Address) 1615 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 16, 1937

19. UNDERTAKER John Artiskill

(Address) 1000 Eutaw Place

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1937 to Nov. 14. 1937

I last saw her alive on Nov. 13 1937 Death is said to have occurred on the date stated above, at 5P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	several yrs.
Chr. Bronchitis	several yrs.

Other contributory causes of importance:

old age.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stuart S. Blake M. D.

(Address) Medical Arts Bldg.

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

✓ F 10886

10886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-1195-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3202 Barrington Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruby Lewis Burrier

If U. S. Veteran specify WAR

(a) Residence: No. 3262 Barrington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver W. Burrier

6. DATE OF BIRTH (month, day, year) Aug. 14-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Lewis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lena Rigor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oliver W. Burrier

(Address) 3262 Barrington Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 16 1937

19. UNDERTAKER J. Edward Pitts

(Address) 2200 Pennsylvania Ave

FILED NOV 15 1937 Hamilton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to November 1937

I last saw her alive on Nov. 11 1937 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	1931
a) Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Feuer M. D.

(Address) 101 W. Read St

OCCUPATION is very important. See instructions on back of certificate.

10887

HEALTH DEPARTMENT—CITY OF BALTIMORE

10887

CERTIFICATE OF DEATH

Registered No. 25323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Leverton Jr. (27679)

If U. S. Veteran specify WAR

(a) Residence: No. 2207 Annapolis Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist a)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Chas. H. Leverton Sen.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nolla Kirby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Easton, Md. Date Nov. 15, 1937

19. UNDERTAKER Wm. J. Tucker
(Address) North Pa.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1937 to November 13, 1937

I last saw him alive on November 13 1937. Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset 1932.

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. A. Cassidy M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V 13 1937

10888 E 10888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E. 33rd St. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry E. Kemper

(a) Residence: No. 1617 E. 33rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina S. Kemper

6. DATE OF BIRTH (month, day, year) June 27, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kemper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Stallings

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Adeliade Kemper

(Address) 1617 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 16, 1937

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) N. & Pa. Aves.

20. FILED 19 Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937.

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1937 to November 17, 1937

I last saw h[illegible] alive on November 17, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertension	
Other contributory causes of importance:	
Cerebral Apoplexy	
Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation - What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

(Address) 1918 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10889

CERTIFICATE OF DEATH

F 10889

Registered No. 1877

1. PLACE OF DEATH: Baltimore City Hospitals 186-a CC

CITY OF BALTIMORE: (No.) Bay View (St.) 26 (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emmely Jane Hayland

(a) Residence: No. 632 E. 37th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of: Henry H. Hayland (dead)

6. DATE OF BIRTH (month, day, year): Jan 21-1860

7. AGE: Years 77 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Samuel Butts

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Matilda A. Russell

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. P. Marine Kelly

(Address) 632 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL: Place Lakemore Date 11/16/37

19. UNDERTAKER: Wilson & Foster

(Address) 1217 W. Fayette

Huntington Williams Registered

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days
Valvular heart disease	some time
Fracture Neck left femur	5 months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury June 3, 1937

Where did injury occur? 632 E. 37th St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Vertigo fell on floor.

Nature of injury Fracture neck left femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

State whether or not deceased was ever employed in any trade or occupation. If so, the OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40890 F 40890

CERTIFICATE OF DEATH

14131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cordia A. Colaburn If U. S. Veteran specify WAR No Record

(a) Residence: No. 1507 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~husband~~ (or) WIFE of Wm J. Colaburn

6. DATE OF BIRTH (month, day, year): Aug 15th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 0037

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Accomac Co. N. Va.

FATHER

13. NAME: John E. Lewis

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Susan Townsend

16. BIRTHPLACE (city or town) (State or country): Horntown Va

17. INFORMANT: Delphin Parker
(Address) 1507 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 16th 1937

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

NOV 15 1937 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to Nov 14, 1937

I last saw h[illegible] alive on Nov 13, 1937 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1/14/37
Chr Nephritis	
Uremia (Acute)	
Other contributory causes of importance: Hypostatic Pneumonia Both	11/7/37

Was an operation performed? No Date of

For what disease or injury?

Nature of operation Surgeon

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James E Lafferty M.D.
(Address) 321 Medical Arts

OCCUPATION is very important. See instructions on back of certificate.

Grave #27 ✓ F 10891

10891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 CC

Registered No. 872

1. PLACE OF DEATH Baltimore Harbor

CITY OF BALTIMORE: (No. foot of dock N. back basin St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Not Known

(a) Residence: No. Not Known St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) ✓

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 1087

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) ✓

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT Capt. H. Von Harten (Address) Police Boat

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date NOV 15 1937 19

Commissioner of Health

19. UNDERTAKER Per W. A. Moore (Address)

20. FILED ... 19 ... Registrar

NOV 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Drowned — body not identified — Nov. 4 1937

Date of onset

Other contributory causes of importance: Not Known

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? Foot Block 41 Balto. Harbor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Floating in harbor

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 Bond St.

OCCUPATION is very important. See instructions on back of certificate.

10892 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10892

CERTIFICATE OF DEATH 27-16,31

1. PLACE OF DEATH — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4621 Park Heights Ave Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bettie Warner — If U. S. Veteran specify WAR No

(a) Residence: No. 4621 Park Heights Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mark B. Warner

6. DATE OF BIRTH (month, day, year) Feb 27 1867

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Wm Rost

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cecelia Rice

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mark B. Warner (Address) 4621 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Nov 16 1937

19. UNDERTAKER J. Abrams & Co (Address) 2402 Eastern Ave

20. FILED NOV 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14/1937

22. I HEREBY CERTIFY, That I attended deceased from 4/26/37 to 11/14/37

that I saw ____ alive on 11/14/37 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal disease	2y

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Benj. Sarubin M. D.

(Address) 2128 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

Sarubin

F 40893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40893

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Woodbrook St., 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Weis

If U. S. Veteran specify WAR .....

(a) Residence: No. 3407 Woodbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) June 6 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Herman Weis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Ernst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Theodore Gottlieb

(Address) 2410 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Interment Greenmount Date Nov 6 1937

19. UNDERTAKER Adams & Co.

(Address) 2432 Kennington Rd

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset 11/14/37

By inhaling illuminating gas

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? 3407 Woodbrook

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert H. Eades, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

V.S.6

NOV 15 1937

10891 V F 10891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-1 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Winifred Powell

(a) Residence: No. 805 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Powell

6. DATE OF BIRTH (month, day, year) Feb. 10, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Packer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Andrew Powell

(Address) 805 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 17 1937

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 501 W. Fayette St.

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Coe Date of injury Nov. 13, 1937

Where did injury occur 800 W. Fayette St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Street)

Manner of injury Struck by Auto, Crossing St.

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M. D.

(Address) 2257 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

~~NOV 19 1937~~ ~~Examiner~~ ~~Registrar~~

8 21 Gorley

10895 F 10895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 111 S. Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma.	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) Mar 4 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Johnson (Address) 111 S Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

, 19 Registrar

Hunting to Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Ruptured Gothic Aneurism

Hemorrhage.

Duration

Other contributory causes of importance: —

Was an operation performed? No. Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marion Hanna, M. D. Coroner

(Address) 18 E 20th Attended.

DEC 15 1931

USE OCCUPATION IS very important. See instructions on back of certificate.

F 10896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10896

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 957 N Washington St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie Townsend

If U. S. Veteran specify WAR

(a) Residence: No. 957 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Townsend

6. DATE OF BIRTH (month, day, year) Sept 12 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph Ramsey

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. Ray F. Horton

(Address) Glass & Siemmers Run Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ridgefield N.J. Date Nov 15 1937

19. UNDERTAKER C. R. Gilbert & Son

(Address) 1300 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1912 E. North Ave.

SEE BACK OF DEATH BLANK FOR OCCUPATION. See instructions on back of certificate.

Nov 16 1937

10897 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10897

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Barclay Street St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 1703 Barclay Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) 11-28- 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40 39		11	10 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postoffice Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1904

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME WilliamH. Brooks

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary N. White

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary N. Brooks
(Address) 1703 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Nov. 16, 1937

19. UNDERTAKER Mary M. Kiefaber
(Address) 501 E. 22nd St. Balto

20. FILED ..... 19..... Registrar.

NOV 16 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12 1937 to November 13 1937

I last saw deceased alive on November 13 1937. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs
Other contributory causes of importance: Tuberculous Meningitis (?)	1 wk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Philip O. Tyng M. D.

(Address) 423 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

10898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 10898

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 E. Biddle St. St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella R. Kennedy

If U.S. Veteran specify WAR ...

(a) Residence: No. 210 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael J. Kennedy

6. DATE OF BIRTH (month, day, year) October 3, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Regina A. Kennedy
(Address) 210 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 11/16/37

19. UNDERTAKER Kenneas & Son
(Address) 805 N. Calvert St.

20. Filed 19 Hunter Williams, M.D.

NOV 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937 to Nov 14 1937

I last saw her alive on Nov 13 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1930

Other contributory causes of importance:

Extensive Arterio Sclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Hayward M. D.

(Address) 115 E Eager St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10899) CERTIFICATE OF DEATH 27848--CM 52 F 10899)

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Mason McNeal.

(a) Residence: No. 1241 Wilmer Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry (D)

6. DATE OF BIRTH (month, day, year) 6-30-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Mason

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/16 1937

19. UNDERTAKER William a Jackson
(Address) 916 Pennsa Ave

Filed NOV 16 1937 Registered, N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1937, to 11-13, 1937

I last saw her alive on 11-12, 1937. Death is said to have occurred on the date stated above, at 2 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma neck & face	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto. City Hosps.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10900

CERTIFICATE OF DEATH

F 10900

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1372 Stockton St. 15-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton E. Anderson

(a) Residence: No. 1372 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John W Anderson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Anderson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John W. Anderson
(Address) 1372 Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov. 16 37

19. UNDERTAKER Wm. E. Ashley Sr
(Address) 1315 Preston St

20. FILED NOV 16 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	Nov 12 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo L Allen M. D.
Coroner

(Address) 5 to [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 40901

F 40944

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3 S. Robinson St. 1-2 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice L. McFaul

(a) Residence: No. 3 S. Robinson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter M. Faul

6. DATE OF BIRTH (month, day, year) Feb 5, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov. 1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Fountain Dale Md

FATHER

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anne Sigler McCleaf

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter McFaul (Address) 3 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Nov. 18 1937

19. UNDERTAKER H. Sander Sons Inc. (Address) 1210 Filed St

20. FILED ..... 19— ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to Nov. 15 1937

I last saw h[illegible] alive on Nov. 15 1937. Death is said to have occurred on the date stated above, at 8 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1927
Other contributory causes of importance: Acute Bronchitis	1927

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

I ..... M. D.

(Signed) [illegible]

(Address) 1311 E. Eutaw Ave

OCCUPATION is very important. See instructions on back of certificate.

NOV 16 1937

Huntington Williams, M.D.

10902

HEALTH DEPARTMENT—CITY OF BALTIMORE

10902

CERTIFICATE OF DEATH

✓ 46F cc

1. PLACE OF DEATH: Baltimore City Hospitals
CITY OF BALTIMORE: (No. Bay View St. 116-7 Ward)
Registered No. 1872
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Jack Kangas
(a) Residence: No. 323 S. New Kirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or Wife of~~) Jenny Kangas

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finnland

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Jenny Kangas
(Address) 323 S. New Kirk St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cy Date Nov 16 1937

19. UNDERTAKER A. Snyder & Sons Inc
(Address) 847 Park Ave

20. FILED NOV 15 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	~~hours~~ time

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms. Do not state mode of dying. OCCUPATION is very important. See instructions on back of certificate.

F 40903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40903 #3887

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Loro 418 W. 26 St 18

If U. S. Veteran specify WAR

(a) Residence: No. ~~2121 Huntington Ave.~~ St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Loro

6. DATE OF BIRTH (month, day, year) 5/3/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~	55	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lloyd Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Benson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT ~~Hospital Records~~ Florence Ash

(Address) 418 W. 26 St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hampden Date 11/17/1937

19. UNDERTAKER Edward V. Wright Jr.

(Address) 4914 Harford Road

NOV 16 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to November 15, 1937

I last saw her alive on November 15, 1937 Death is said to have occurred on the date stated above, at 7 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Hanbelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 40904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40904

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E. North Ave St., 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James David Rich

If U. S. Veteran specify WAR No.

(a) Residence: No. 1827 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Lee Rich

6. DATE OF BIRTH (month, day, year) July 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4 years

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Mr. ? Rich

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. Lou Sawyer Daughter
(Address) 1827 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Glen Branch Cem Date 11/16/37 19
Portsmouth Va

19. UNDERTAKER George J. Ruth Inc.
(Address) 1700 Pennsylvania Ave
Hearse to Lithonia, Ga.

Registrar

NOV 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937 to Nov. 15, 1937

I last saw him alive on Nov. 15 1937 Death is said to have occurred on the date stated above, at 10 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1933
Chronic Passive Congestion.	
Hydrothorax Rt.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sol Smith, M. D.

(Address) 1643 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10905

CERTIFICATE OF DEATH

✓23 F 10905

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 6-4 Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

E

2. FULL NAME William Ham (26687)

If U. S. Veteran specify WAR .....

(a) Residence: No. 125 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman not 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Nov 17, 1937

19. UNDERTAKER Henry Lutz
(Address) 1263 & 13 Broadway

20. FILED NOV 16 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937 to November 13, 1937

I last saw him alive on November 13, 1937 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept. 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 337225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40906

CERTIFICATE OF DEATH

95-B

F 40906

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Cromwell

If U. S. Veteran specify WAR .....

(a) Residence: No. 11 N. High St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-17-67

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Cromwell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Vain

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Cem Date Nov 18th, 1937

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patt Park Ave

20. NOV 16 1937 Registrar. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1937 to Nov 14, 1937

I last saw him alive on Nov 14, 1937 Death is said to have occurred on the date stated above, at 10 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive + arteriosclerotic heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frederick H. Herrey, M. D.

(Address) 1301 N. Patt. Pk. Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40907 ✓ 130 F 40907

CERTIFICATE OF DEATH

Registered No. 2554

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St., Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Adolph Smith

(a) Residence: No. 3444 2th. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillian Goodrick

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John Smith
(Address) 3444-2th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 11/19 1937

19. UNDERTAKER B. L. Harle
(Address) 124 West St City

20. FILED NOV 16 1937 19 ... Registrar
V5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry & Autopsy (Inquest, Autopsy or Inquiry)
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. H. Wesselius, M. D.
Coroner

(Address) 2357 N. Rose

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

TASCOE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40903 — CERTIFICATE OF DEATH — V 82 — F 40908

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 W Mulberry St.) (18-1 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR:

2. FULL NAME Florence Boose Tasco

(a) Residence: No. 808 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris Tasco

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Josiah Boose

14. BIRTHPLACE (city or town) (State or country) West Ryen Md

MOTHER

15. MAIDEN NAME Eldemore Hensley

16. BIRTHPLACE (city or town) (State or country) Uniontown Md

17. INFORMANT Mrs Effie Parker

(Address) 808 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov 17, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 3220 Schroeder St

FILED NOV 16 1937 19 H. Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 19 37

22. I HEREBY CERTIFY, That I last charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Nov 12 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Green M. D.

(Address) 50 Lexington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10909

CERTIFICATE OF DEATH

✓46-EF 10909

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Wilson

If U. S. Veteran specify WAR World War

(a) Residence: No. 930 Mason St. Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Carrie Brooks Wilson

6. DATE OF BIRTH (month, day, year) Jan. 28, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate Co.

10. Date deceased last worked at this occupation (month and year) Sept. 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Wilson

14. BIRTHPLACE (city or town) (State or country) ? Maryland.

MOTHER

15. MAIDEN NAME Mary Mathilda Hall

16. BIRTHPLACE (city or town) (State or country) Manticoke Point New Jersey

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov 16, 37

19. UNDERTAKER Mr Katie R. Williams
(Address) 32 2 Lafayette St

20. FILED NOV 16 1937 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1937 to November 12, 1937.
I last saw him alive on November 12, 1937. Death is said to have occurred on the date stated above, at 9:05a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma adeno liver, with multiple metastasis	July '36

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-25-37

For what disease or injury? Carcinoma adeno

Name of operation Biopsy, mass left shoulder

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) M. N. di Clara M. D.

(Address) U.S. Marine Hospital, Balto. Md.

RLW/6

VR 9

10910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E 10910

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1614 W Saratoga St., 19-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Mary Pasco

(a) Residence: No. 1614 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elijah Pasco

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 20 yrs ago

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Houston County Georgia

FATHER

13. NAME Wm Woodcock

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Eva?

16. BIRTHPLACE (city or town) (State or country) Houston Co Ga.

17. INFORMANT Elijah Pasco
(Address) 1614 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 17, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3224 Schroeder St.

20. FILED NOV 16 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Nov 17, 1937

I last saw h[illegible] alive on Nov 14, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 1
Lobar Pneumonia	5 ds.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Bascom Higgins M. D.

(Address) 2273 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10911 CERTIFICATE OF DEATH 210-M F 10911

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lond Balto Gen Hosp

CITY OF BALTIMORE: (No. St., 22-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Johnson

(a) Residence: No. 829 Bevan St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 45; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P&G

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Dr. Evan Jennings
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Burial
Place Mt Auburn Date 11-16 1937

19. UNDERTAKER: Israel L Brown Son
(Address) 1088 Montg Jennings St

20. FILED 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, on (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11-12 1937

Where did injury occur? 900 block Hanover St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Struck by an auto

Nature of injury While crossing street

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert F Kemp Coroner

(Address) 907 N Chas

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 10912

10912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stephanie Connelly

If U.S. Veteran specify WAR ...

(a) Residence: No. 523 N Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas S. Connelly

6. DATE OF BIRTH (month, day, year) Aug 30/1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Wasowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Lochajczuk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Nicholas Connelly

(Address) 523 N Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 18 19 37

19. UNDERTAKER Fillet & Zeller

(Address) 400 S Broadway

20. FILED NOV 18 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1937

22. I HEREBY CERTIFY, That I attended deceased from October 25 1937 to Nov 15 1937

I last saw her alive on Nov 15 1937. Death is said to have occurred on the date stated above, at 1 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma of Ovary c Metastasis to Rt. hip and Abdominal Organs	6 mos.

Other contributory causes of importance:

Was an operation performed? yes Date of 8-25-37

For what disease or injury? Ovarian Cyst

Operation performed at previous admission

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter OCCUPATION in very important. See instructions on back of certificate.

F 40913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40913

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 S. Ellwood St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick William Schmidtmann If U. S. Veteran WAR

(a) Residence: No. 412 S. Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Ca	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Bertha Schmidtmann

6. DATE OF BIRTH (month, day, year) 3-21-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Schmidtmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Angnela Krauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Schmidtmann
(Address) 412 S. Ellwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Zion cem. Date Nov 17 1937

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

20. FILED NOV 16 1937 19 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 14 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Nov 14, 1937, last saw h[illegible] alive on 11-14, 1937. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Anaemia	1yr
Other contributory causes of importance:	
Myocardial Degeneration	1 wk

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward H. Covel M. D.

(Address) 413 N. Wolfe St.

MAKE CAUSE OF DEATH plain and specific. OCCUPATION is very important. See instructions on back of certificate.

F 10914

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10914

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 Mason St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John C. Oliver

(a) Residence: No. 940 Mason St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Oliver

6. DATE OF BIRTH (month, day, year) Nov 28. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Royston Ga,

FATHER

13. NAME James Oliver

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Ester Oliver

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Ester Oliver

(Address) 940 Mason St,

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary from Roy 17 37

19. UNDERTAKER Adolphus Habitat

(Address) 218 Edmondson Ave

20. FILED Nov 17 1937 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 2.01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hamm Graver M. D. Coroner

(Address) 1210 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V 19 1937

✓ F 40915

40915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Bryant Simms

(a) Residence: No. 710 Bevins St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL:

Place UNIVERSITY MEDICAL SCHOOL NOV 16 1937 19

COMMISSIONER OF HEALTH

19. UNDERTAKER

(Address) Pat M. A. Moore

20. FILED ... 19 ... Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

3819

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. H. Gruber M. D.

Coroner

(Address) 2757 W. Pratt St

10916

HEALTH DEPARTMENT—CITY OF BALTIMORE

10916

CERTIFICATE OF DEATH

48 27277--RHW

1. PLACE OF DEATH

Registered No. 8-7

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1103 N. Bond St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian

6. DATE OF BIRTH (month, day, year) 10/30/1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 54	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Nathan Hammond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cecilia Griffin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Nov 17 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Nov 18 1937 By Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-6-37, 19..., to 11-13, 1937

I last saw her alive on 11-13-37, 19... Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows: Carcinoma of cervix with metastasis — Date of onset 1½ yrs?

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. C. Straughn M. D.

(Address) Baltimore City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

NOV 18 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10917

CERTIFICATE OF DEATH

30 F 10917

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Joseph Williams

If U. S. Veteran specify WAR

(a) Residence: No. 3527 Hilton Ave City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	10	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William F. Williams.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME June L. Parke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William F. Williams.
(Address) 3527 Hilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge. Date Nov 19. 1937

19. UNDERTAKER Ehrenwald & Son
(Address) 3610 Eastern Ave

20. FILED NOV 16 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-8-37, 19 to 11-16-37, 19

I last saw him alive on 11-15-37, 19. Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
T. B. of L. U. tract	1936
Cachexia	
Generalized peritonitis	Nov. 1937
Other contributory causes of importance:	
Hydronephrosis bilateral	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation +TB from Lung wound

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) B Hollis Hand, M. D.

(Address) 3513 N Calvert St

#4376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40918

CERTIFICATE OF DEATH

59 F 40918

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 Morling Ave. St. 43-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Keziah E. Cole

If U. S. Veteran specify WAR .....

(a) Residence: No. 1331 Morling Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A. Cole

6. DATE OF BIRTH (month, day, year) May 30 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John T. Mayfield

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah A. Ohnery

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Clarence E. Cole
(Address) 1001 W 38th St

18. BURIAL, CREMATION, OR REMOVAL Md.
Interment, Ballo Co Date Nov 17 1937

19. UNDERTAKER Thomas Fox
(Address) 3615-17 Christmas

20. FILED NOV 16 1937 19.... Registrar

Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov 14 1937

I last saw h[illegible] alive on Nov 13 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930?
Myocardial Degeneration	
Other contributory causes of importance:	
Myocardial Failure	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis A. Fuller M. D.

(Address) 900 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fetal, stillborn or OCCUPATION is very important. See instructions on back of certificate.

F 40919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a CC

Registered No. 877

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgia Bromley

(a) Residence: No. 40 N Wabash Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bromley (dead)

6. DATE OF BIRTH (month, day, year) May 27 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME A. C. Walter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clarence Walter (nephew)

(Address) 918 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 17. 1937

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

20. FILED NOV 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance Fracture neck left femur	4 mos.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 10, 1937

Where did injury occur? 40 N Wabash Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor living room Venting

Nature of injury Fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1717 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10920

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Greenmount Ave. Ward) 9-8

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mary M. Teal

If U.S. Veteran specify WAR ....

(a) Residence: No. 2315 Greenmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Teal

6. DATE OF BIRTH (month, day, year) Jan. 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Mayfield

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Teal

(Address) 2315 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date Nov. 17, 1937

19. UNDERTAKER Martin Fisher & Sons

(Address) 1837 E. North Ave

20. FILED NOV 16 1937 Nov. 16, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Nov. 15, 1937

I last saw her alive on Nov. 13, 1937 Death is said to have occurred on the date stated above, at 2,45A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis and Bronchitis — Date of onset

Other contributory causes of importance:

General debility and Syncope

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) N. Stanley Gorsuch M. D.

(Address) 7900 E. Pratt St. Baltimore

STATE CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 40921

F 40921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals, 186-a

CITY OF BALTIMORE: (No. Bay View St. 26-12 Ward)

Registered No. 877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oliver Shue

(a) Residence: No. Sweet Air Rest. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda W Shue

6. DATE OF BIRTH (month, day, year) Oct 4 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Ephraim Shue

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Elmer Shue (nephew)

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hampstead Md Date Nov. 19, 1937

19. UNDERTAKER John Burns Sons

(Address) Towson, Md

20. FILED NOV 19 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence detailed by said (Inquest, Autopsy or Inquiry) Inquiry Mrs find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget Disease	Some time
Arterio-sclerosis	Some time
Other contributory causes of importance: Fracture left femur	15 days

Was an operation performed? Yes Date Nov. 12/1937

For what disease or injury? Fracture left femur

Name of operation Reduced & Cast Date of Nov 12/37

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? Date of injury Nov. 1, 1937

Where did injury occur? On Street Towson Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Slipped on Ice.

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 10922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5 St., 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Adnan Daly

(a) Residence: No. Hinton W Va St., ... Ward.

(If hospital place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Velda

6. DATE OF BIRTH (month, day, year) 7/11/76

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala

FATHER

13. NAME P E Daly

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Margaret Loving

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hinton W Va Date Nov. 18 1937

19. UNDERTAKER John O Mitchell

(Address) 1200 Eutaw St.

20. FILED NOV 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937 to Nov 16, 1937

I last saw him alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 11:45 a m.

The principal cause of death and related causes of importance were as follows:

Subdural Haematoma — Date of onset August 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 12, 1937

For what disease or injury? Subdural Haematoma

Name of operation Craniotomy

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

STATE CAUSES OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

10923
336934

HEALTH DEPARTMENT—CITY OF BALTIMORE

10923

CERTIFICATE OF DEATH

34-131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St. 13-3 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME James Young

If U. S. Veteran specify WAR

(a) Residence: No. 2447 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanor Jane

6. DATE OF BIRTH (month, day, year) 3-15-95

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Selling Ices

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Mamie ?

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 11/17/37

19. UNDERTAKER Mrs Ida Bailey
(Address) 21 Jefferson St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1937 to Nov 16, 1937

I last saw him alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 2:10 Am.

The principal cause of death and related causes of importance were as follows:

Chronical dermatitis — Date of onset 08 28
Toxic hepatitis — 1a
Chronic glomerulo nephritis — unknown
Uraemia. — Nov 5. 3

Other contributory causes of importance:

Latent syphilis — unknown
Agranulocytosis — Oct 25 3

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frederick H. Iversen, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

NOV 18 1937

10921 E 10921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a CC

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A. Eckendorff

U. S. Veteran specify WAR

(a) Residence: No. 772 Carroll St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E. Eckendorff

6. DATE OF BIRTH (month, day, year) Aug. 14 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Robt. Price Eckendorff

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Lee

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Grace E. Eckendorff (Address) Beverly N.J.

18. BURIAL, CREMATION, OR REMOVAL Place New Brunswick N.J. 11/17/37

19. UNDERTAKER Mrs J. C. Miller Inc (Address) 2435 Eden St

20. FILED 19 Registrar

NOV 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Chronic lymphoid Leukemia	3 years
Other contributory causes of importance: Arterio-sclerosis general	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N Bond St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10925

CERTIFICATE OF DEATH

✓ 108 F 10925

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 518 N. Arlington Ave (St.) (Ward) 8-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emanuel Manley Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 518 N. Arlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria F. Lewis

6. DATE OF BIRTH (month, day, year) Mar 30 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME George Lewis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maria F. Lewis

(Address) 518 N. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Nov 17 1937

19. UNDERTAKER Samuel D. Chase & Son

(Address) 638 N. Gilmor St.

FILED NOV 17 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th 1937 to Nov 14th 1937

I last saw h[illegible] alive on Nov 13th 1937. Death is said to have occurred on the date stated above, at 6 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	10 days
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Harry E. Brown M. D.

(Address) 1835 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 10926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10926

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. Registered No. 6-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Green

If U. S. Veteran specify WAR World War

(a) Residence: No. 402 Eeales Court, Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	separated

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Jones

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	--	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) October 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph H. Green

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Wilhelmina Ball

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Records - U.S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov 18 1937

19. UNDERTAKER Robert D. Williams
(Address) 15 Ls Fredericksburg Va

20. FILED ..... 19..... Registrar

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1937, to November 14, 1937

I last saw him alive on November 14, 1937. Death is said to have occurred on the date stated above, at 7:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	unknown
Uremia, delirium	"

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. H. Bryant, M. D.
U.S. Marine Hospital, Balto. Md.

FFT/g

STATE CAUSE OF DEATH in plain terms. Do not use only abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 10927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10927

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 504 N. Dallas St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lionel LeRoy Redmond

If U. S. Veteran specify WAR

(a) Residence: No. 504 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-21-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York N.Y.
(State or country)

FATHER

13. NAME Aladdin Redmond

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Mabel Henry

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mabel Redmond
(Address) 504 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Nov 17, 1937

19. UNDERTAKER Robert E. McClean
(Address) 1545 McElderry St

NOV 17 1937
Huntington Millcreek, Ky

20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1937 to 11-14, 1937

I last saw him alive on 11-14, 1937 Death is said to have occurred on the date stated above, at 12:10 m. p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea + enteritis	11-12-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Morrow M. D.

(Address) 1500 E. Madison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

40928

CERTIFICATE OF DEATH

F 40928

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Bond St., 7-5 Ward) Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Jones

If U. S. Veteran specify WAR

(a) Residence: No. 617 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Jones

6. DATE OF BIRTH (month, day, year): Dec 15-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20	21	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: 0000

12. BIRTHPLACE (city or town) (State or country): Balto city

FATHER

13. NAME: Robert Jones

14. BIRTHPLACE (city or town) (State or country): Balto, Co. Md

MOTHER

15. MAIDEN NAME: Estella Spriggs

16. BIRTHPLACE (city or town) (State or country): Balto, Co. Md

17. INFORMANT: Robert Jones
(Address) 617 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov 17, 1937

19. UNDERTAKER: Robert E Williams
(Address) 1515 McCulloh St

20. FILED NOV 17 1937 Registrar. H. L. for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937, to Nov 14, 1937

I last saw h— alive on Nov 13, 1937. Death is said to have occurred on the date stated above, at 12.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
Several years.	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Bact & X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

F 40929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

F 40929

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cleveland Wilton Harris

If U. S. Veteran specify WAR

(a) Residence: No. 1416 E Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 2-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton N C

FATHER

13. NAME Matthews Harris

14. BIRTHPLACE (city or town) (State or country) Littleton N C

MOTHER

15. MAIDEN NAME Willie Mary Brent

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Willie Mary Harris

(Address) 1416 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Date Nov 19 1937

19. UNDERTAKER

(Address) Huntington Williams, N.Y.

20. FILED NOV 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, autopsy or Inquiry)

died on the day stated above. (Inquest, autopsy or Inquiry) find that said deceased came to his death as follows:

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Brain	Nov 15 1937

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Homicide Date of injury Nov 15, 1937

Where did injury occur? W E Corner Caroline & Mullinnix Sts

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Was shot by 32 pistol

Nature of injury By a man in saloon

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.

(Address) 507 Cumberland St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40930

CERTIFICATE OF DEATH

46-B F 40930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 Ashland Ave St. 10-2 Ward(s)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Aulbach

If U. S. Veteran specify WAR

(a) Residence: No. 1209 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	80 ~~60~~	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Aulbach

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Friends of deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL Most Holy Redeemer Cemet. Date Nov. 18 1937

19. UNDERTAKER Henry Hoeppner, Sons

(Address) 1301 E. Eager St. Baltimore, Md.

20. Filed Nov 17 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1937 to Nov 15 1937

I last saw h alive on Nov 15 6.30 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	
Other contributory causes of importance: Hypochondria	

Was an operation performed? Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) John C. Schmunck M. D.

(Address) 1337 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40931

CERTIFICATE OF DEATH

108 F 40931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Traction St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....dls. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Eugene Buchanan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 Traction St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Wh

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1902

7. AGE: Years 35 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George Buchanan

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Alice Delts.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Holly Buchanan.
(Address) 2343 Salem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Carey Look Date 11/17 37

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19.... ..... Registrar

NOV 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1937 to Nov 14 1937

I last saw him alive on Nov 13 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 12

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. E. Link M. D.

(Address) 1600 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40932

CERTIFICATE OF DEATH

184 F 40932

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Navigation St., 15 Ward

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Fitts

(a) Residence: No. 1438 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Fitts

6. DATE OF BIRTH (month, day, year) Nov. 10 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner, Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Rumbleland Va.

FATHER

13. NAME Robert Fitts

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Runion

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Fulen Fitts

(Address) 1438 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Avalon Va. Date 11/17 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Freeman St

19a. FILED NOV 17 1937 (Registrar) Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Antopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 9:25 p.m.

	Date of onset
Gun Shot Wound	
of lung,	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 11/13, 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on Mt. Mount St. in front of #1445

Manner of injury Victim walked into

Nature of injury Bullet wound in lung

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Cramer M. D. Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 40933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40933

CERTIFICATE OF DEATH

✓ 146-82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. Baer mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lola Chadsman Ermer -

If U.S. Veteran specify WAR

(a) Residence: No. 2906 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F. Ermer

6. DATE OF BIRTH (month, day, year) Feb. 1, 1906 ~~11-15-39~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	31	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

FATHER

13. NAME George W. Baer

14. BIRTHPLACE (city or town) (State or country) York Co. Pa.

MOTHER

15. MAIDEN NAME Annie Thompson

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mr. Charles F. Ermer
(Address) 2906 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL Delta, Pa.
Place Slate Ridge Cem. Date Nov. 18 1937

19. UNDERTAKER W. H. Tyskewicz & Sons
(Address) Delta, Pa.

20. FILED NOV 17 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1937 to 11 16 1937

I last saw h. alive on 11 - 16 1937 Death is said to have occurred on the date stated above, at 4:12 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11/3/37

Other contributory causes of importance:

Toxemia of Pregnancy Pre-eclampsia / Mild — Sept/37

Full-term Pregnancy and Delivery — 11/13/37

Was an operation performed? Yes (Low Forceps) Date of 11/13/37

For what disease or injury? Pregnancy

What test confirmed diagnosis? Paralysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. P. Sellers M. D.

(Address) Woman's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10934

CERTIFICATE OF DEATH

F 10934

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N. Hilton St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Walter Dunkane

If U. S. Veteran specify WAR none

(a) Residence: No. 1709 N. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna N. Dunkane

6. DATE OF BIRTH (month, day, year) Sept. 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. First Nat'l Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Walter Dunkane Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ida A. Liddy

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Edna N. Dunkane
(Address) 1709 Hilton St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Nov 19 37

19. UNDERTAKER Wm Fischer & Sons
(Address) North & Pa Aves.

20. FILED NOV 17 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from ...19... to Nov 15 1937

I last saw h[illegible] alive on Nov 16 1937. Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute leukemia	7
Acute cardiac dilatation	
myocardial insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Ernest Dawkins, M. D.

(Address) 126 Cloyd St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40935

CERTIFICATE OF DEATH

✓82-a F 40935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Garrison Blvd. Ward) 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Rozetta Hodges

If U. S. Veteran specify WAR

(a) Residence: No. 2204 Garrison Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hodges

6. DATE OF BIRTH (month, day, year) Jan 28-1856

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	81	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hardin Co. Iowa

FATHER

13. NAME Cyrus McCracken

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sarah N. McCreary

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mrs. Ruby M. Rea

(Address) 2104 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Sidney, Iowa Date Nov 17 1937

19. UNDERTAKER Paul E. Eggner & Sons

(Address) Forest Penna

20. [illegible] NOV 17 1937 Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1937, to Nov 15, 1937.

I last saw her alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-7-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. L. Long, M. D.

(Address) 718 Southway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40936

CERTIFICATE OF DEATH

✓ 106-13 E 40936

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Warrington Apts. St. 12-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Imhoff Carr

If U. S. Veteran specify WAR

(a) Residence: No. Warrington Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J. Carr

6. DATE OF BIRTH (month, day, year) April 21, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Henry B. Imhoff

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Dock

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT (Address) Norman Carr Hutchins 6009 Green Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. Nov. 22 19 37

19. UNDERTAKER John O. Mitchell & Son Inc. (Address) 1900 Eutaw Place

20. FILED 19 Huntington Williams, M.D.

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec., 19 36 to Nov. 17, 19 37

I last saw her alive on Nov. 16, 19 37 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	many years, exact when about a year ago.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation signs and symptoms

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E. Shemwell M. D.

(Address) 3310 Tioga Pkw.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10937 CERTIFICATE OF DEATH V46-D F 10937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 14-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Arthur M. Page

If U. S. Veteran specify WAR

(a) Residence: No. 1400 W. Lexington St St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1857 (1861)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Arthur Page

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Miss Mary Jane Campbell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Page (Address) Homewood Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Nov. 17, 1937

19. UNDERTAKER John A. Mitchell & Sons (Address) 1600 Eutaw Place

20. FILED NOV 17 1937 by Williams, N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1937 to Nov. 15, 1937

I last saw him alive on Nov. 15, 1937 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	11-13-37
Other contributory causes of importance: Seminal bronchopneumonia	11-15-37
Arteriosclerotic heart disease	

Was an operation performed? Yes Date of 11-8-37

For what disease or injury? Carcinoma of rectum

Name of operation Myles abdomino-perineal resection

What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Wilson M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

10938

CERTIFICATE OF DEATH

92-6 E 10938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Fait ave St., 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Katherine Riemer

If U. S. Veteran specify WAR

(a) Residence: No. 2727 Fait ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H Riemer

6. DATE OF BIRTH (month, day, year): May 5 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Konrad Kemp

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kat Knotow

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Charles Riemer

(Address) 2727 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

St. Matthews Cem Nov 19-37

19. UNDERTAKER: Jos J Sturm & Son

(Address) 1512 N Eutaw Ave

20. FILED NOV 17 1937 Registrar.

Assistant Witness, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1st, 1937, to November 16 1937

I last saw he alive on Nov. 15, 1937. Death is said to have occurred on the date stated above, at 9 A.M. to

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Heart Disease	
Hypostasis	
Arteriosclerosis	
Other contributory causes of importance:	
Cardiac Failure	Nov 1937

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ✓, 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ✓

(Signed) Robert S. Kirk M. D.

(Address) 3126 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40939

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH 2447 Barkley 12-3 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas J. Kaufman If U. S. Veteran specify WAR

(a) Residence: No. 2747 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Wagner Kaufman

6. DATE OF BIRTH (month, day, year) June 15 1868

7. AGE — Years 69 — Months 5 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plate Glass

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Kaufman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Bender

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ada Kaufman
(Address) 2747 Barclay St. Bal.

18. BURIAL, CREMATION, OR REMOVAL Place Meadow Branch Date Nov 18 1937

19. UNDERTAKER D. Hartley & Sons
(Address) Pikesville Md.

20. FILED NOV 17 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 1937

21. DATE OF DEATH (month, day, year) Nov 16

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to Nov 16, 1937. I last saw him alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W White Sr M. D.

(Address) 2800 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40940 | 40940

CERTIFICATE OF DEATH

95-B cc

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 17-2 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Addie Jolley

(a) Residence: No. 731 Lemmon St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Earnest Jolley (Deceased)

6. DATE OF BIRTH (month, day, year) April 18-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lloyd Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriet Stevens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Fielder Brown (Brother)

(Address) 628 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion a.g.c. Md. Date Nov 17, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3227 Gilmore St.

FILED Nov 17 1937 by Katie R. Williams Registrar

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

adopted by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (? Apoplexy)	2 Hours
Hypertension in Cardio Vascular disease.	some time
Left Hemiplegia	12 hrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 10941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10941

CERTIFICATE OF DEATH

146-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Seipp

(a) Residence: No. Homestead Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary J Seipp

6. DATE OF BIRTH (month, day, year) Aug 8-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Seipp

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth A Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm M Seipp

(Address) Hampstead Md

18. BURIAL, CREMATION OR REMOVAL

Wesley Cem, Carroll Co, 11/18/37

19. UNDERTAKER Edw C Tipton

(Address) Hampstead Md

20. FILED NOV 17 1937 H E Lee Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-8-37, 19 to 11-16-37, 19

I last saw h[illegible] alive on 11-15-37, 19 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the rectum — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-8-37

For what disease or injury?

Intestinal obstruction

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Joseph E Bunt M D

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10942

HEALTH DEPARTMENT—CITY OF BALTIMORE

10942

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital. 108 Registered No.

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Talbott.

(a) Residence: No. 1209 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10 11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 11-10-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forest Va.

FATHER

13. NAME Jack Talbott

14. BIRTHPLACE (city or town) (State or country) Forest Va.

MOTHER

15. MAIDEN NAME Malinda Everet

16. BIRTHPLACE (city or town) (State or country) Forest, Va.

17. INFORMANT Mabel Boyd
(Address) 1209 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg Va., Date 11-20-37

19. UNDERTAKER Mrs. George A. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 Huntington, W. Va. Registrar

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937, to Nov 15, 1937

I last saw him alive on Nov. 15, 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Rt Lobar Pneumonia
Lower Lobe.

Date of onset 11/11/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Joseph E. Boyd M. D.
(Address) University Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10943 ✓ E 10943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Lexington Ave. Ward) 27-20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Etta Goodman

If U. S. Veteran specify WAR .....

(a) Residence: No. 3405 Lexington Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Goodman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Myer Goodman

(Address) 3405 Lexington

18. BURIAL, CREMATION, OR REMOVAL Portsmouth Va. Date 11/17/37

19. UNDERTAKER Geo. Lange & Son

(Address) 1439 E. Baltimore St.

20. FILED NOV 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to November 16, 1937

I last saw h.. alive on November 16, 1937. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Lange, M. D.

11/17/37 (Address) 10 N. Read St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Paddington Court St., 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth 42 yrs. 10 mos. 18 ds.

2. FULL NAME Henrietta Harriett Mallinckrodt

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1 Paddington Court St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND (or) WIFE of Louis F. Mallinckrodt

6. DATE OF BIRTH (month, day, year) Dec 28/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	17/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation 1037

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Daniel Stansbury

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen O'Toole

16. BIRTHPLACE (city or town) (State or country) Dover New Jersey

17. INFORMANT (Address) Mrs Mildred M. Essers (daughter) 1 Paddington Court

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Nov-19-37

19. UNDERTAKER (Address) Stewart Morris Co. 1084 Park Ave.

20. FILED ..... 19 ..... Registrar

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30. 1936 to Nov 15. 1937

I last saw h.. alive on Nov 14. 1937. Death is said to have occurred on the date stated above, at 9.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus (Cervix)	May 1936
Other contributory causes of importance: Bronchopneumonia	Nov 13/37

Was an operation performed? D & C. Date of May 1936

For what disease or injury? Diagnosis

Name of operation D & C.

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40945 ✓ F 40945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2301 Maisel St St. 25-3 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H McSwain — If U. S. Veteran specify WAR .....

(a) Residence: No. 2301 Maisel st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mary Ann McSwain

6. DATE OF BIRTH (month, day, year) Sept 12 -1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Glass Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME McSwain

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Louise Brenton

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Olive Buckler
(Address) 2301 Maisel St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov .18 37

19. UNDERTAKER Edward Jonfson
(Address) 2359 Saratoga Blvd City

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1937 to Nov 15 1937

I last saw him alive on Nov 12 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Interstitial Nephritis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Nolan M. D.

(Address) 6321 Johnston Sq. 0

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VIOLATION

E 10946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10946

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth 54 yrs. mon. da.

2. FULL NAME Mr. Moses Rothschild If U. S. Veteran specify WAR

(a) Residence: No. Green Spring Manor Apts St., City Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Miriam M. Rothschild

6. DATE OF BIRTH (month, day, year) July 17, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3 4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Free. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Zadok Rothschild

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Violet Mulhauser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. H. Rosenblatt

(Address) 2206 W. Rogers Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Balto. Hebrew Cem. Date Nov. 18 1937

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED 19 [illegible] Registrar.

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1937 to Nov. 16, 1937

saw him alive on Nov. 16, 1937. Death is said to have occurred on the date stated above, at 5:31 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Abscess	

Other contributory causes of importance:

Arteriosclerosis

Bronchopneumonia

Was an operation performed? Yes Date of 11/9/37

For what disease or injury? Rectal abscess

Name of operation I. + D. of rectal abscess

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Douglas H. Stone
Union Memorial Hosp. M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10947

CERTIFICATE OF DEATH

93-F 10947

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1331 Bolton St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda H. Morrow,

If U. S. Veteran specify WAR

(a) Residence: No. 1331 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Morrow,

6. DATE OF BIRTH (month, day, year) June 5. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis A. Howser,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary M. Burdick,

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs P.C. Chambliss,
(Address) 1331 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date NOV 18 1937

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave. Huntingtn Woods, Md.

NOV 17 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28. to Nov 17. 1937

I last saw her alive on Nov 17. 1937. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hypertension	
Arteriosclerosis.	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Healy M. D.

(Address) 1405 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40948

CERTIFICATE OF DEATH

F 40948

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 92-a

CITY OF BALTIMORE: (No. Bay View St., 76 Ward) 4-2 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Briggs Jr.

(a) Residence: No. 738 Fairmount Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Winnie Briggs dead

6. DATE OF BIRTH (month, day, year) Aug 8 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Brown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Charles Briggs

14. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

15. MAIDEN NAME Elizabeth Harris

16. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

17. INFORMANT Edward Briggs (Address) 9-S. Stockton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date Nov. 17 1937

19. UNDERTAKER Eugene Watts (Address) 531 N. Fulton Ave

Filed Nov 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Some time
Other contributory causes of importance: Arteriosclerosis general	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

INFORMATION should be carefully supplied. Any Statement of Fact which may be necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 17 1937

V S 6

10943 V 10943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 1 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Pearl Roberts

If U. S. Veteran specify WAR

(a) Residence: No. Galesville A.A. county Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flournoy Roberts

6. DATE OF BIRTH (month, day, year) Nov 19 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galesville Md.

FATHER

13. NAME Francis Hazard

14. BIRTHPLACE (city or town) (State or country) A.A. Co.

MOTHER

15. MAIDEN NAME Jennie Joyce

16. BIRTHPLACE (city or town) (State or country) Rhode River Md.

17. INFORMANT Ida M. Naylor

(Address) Stevenson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date Nov 18 1937

19. UNDERTAKER F. A. Hardesty & Son

(Address) Galesville Md.

NOV 17 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1937 to 11-16 1937

I last saw her alive on 11-15 1937 Death is said to have occurred on the date stated above, at 8:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphadenopathia	
Other contributory causes of importance:	
Carcinoma mediastini	?
	1937

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D.

(Address) Md. Gen Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40950 #27696

CERTIFICATE OF DEATH

107-a SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore Soloaway (Sollaway) If U. S. Veteran specify WAR 1st War

(a) Residence: No. 3604 Old York St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Sollaway

6. DATE OF BIRTH (month, day, year) 7/31/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shafth Turner

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Salloway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Dilalay

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 11/19, 1937

19. UNDERTAKER Wilhom Lyle
(Address) 217 S. Conkling

20. FILED _____, 19____ _____ Registrar.

NOV 7 1937 Pmt. by for Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1937, to November 16, 1937

I last saw him alive on November 16, 1937. Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-11-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 40951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40951

95-B

CERTIFICATE OF DEATH

REGISTERED NO. 9-5

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Homestead ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No Record

2—FULL NAME George Deems Lyon

(a) RESIDENCE NO. 809 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced (HUSBAND of (or) ~~WIFE~~ of) Mamie E Lyon

6 DATE OF BIRTH (month, day, and year) Nov 2-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Homewood Apartments

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Lyon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Tamezene Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ellwood V. Lyon

(Address) Cor. Keyville Md

15 Filed NOV 17 1937 19 E. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937, to Nov 16, 1937, that I last saw h[e] alive on Nov 12, 1937 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerotic Cardio vascular Disease

(duration) 10 yrs. + mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(8 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) F. W. D. Wack, M. D.

(9 (Address) 513 East 31st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hamden

20 UNDERTAKER William Cook

DATE OF BURIAL Nov 18 1937

ADDRESS 1217 St Paul St

NOV 17 1937

IMPORTANT: Every question on this certificate must be answered either by a statement of the facts or by the word "Unknown." Any certificate containing unanswered questions will be returned for completion before a burial permit will be issued. Write plainly with pen and ink. Use only standard abbreviations. The Primary Cause of Death must be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10952

Lutcher 12 E. 10952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4410 Pall Mall Road St., (15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mathilda M Heinlein

If U. S. Veteran specify WAR .....

(a) Residence: No. 4410 Pall Mall Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (~~HUSBAND~~ or) WIFE of Christian F. Heinlein

6. DATE OF BIRTH (month, day, year) Nov 14-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erlangen Germany

FATHER

13. NAME Franz Böhm

14. BIRTHPLACE (city or town) (State or country) Erlangen Germany

MOTHER

15. MAIDEN NAME Mathilda M. Böhne

16. BIRTHPLACE (city or town) (State or country) Erlangen Germany

17. INFORMANT L P. Heinlein

(Address) 4410 Pall Mall Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 19. 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED NOV 17 1937 19 ... Registrar

Interment should be certified only by physician. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 . 1937 to Nov. 16 . 1937

I last saw her alive on Nov. 16 . 1937. Death is said to have occurred on the date stated above, at 1.05 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary oedema (Myocardial failure)
Cerebral Hemorrhage

Date of onset: Under 1937 Nov. 13/37

Other contributory causes of importance:

Hypertension — to my knowledge 1934
arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jos A Lutcher M. D.

(Address) 1 Wagerott Baltimore

10953 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10953

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Hudson St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Mc Gee

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2814 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Harry L. Mc Gee

6. DATE OF BIRTH (month, day, year) April 28th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Weaver

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Matilda Wastler

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harry L. Mc Gee

(Address) 2814 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED NOV 17 1937 Huntington Williams M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/6/37, 19 ... to 11/16/37, 19 ... I last saw her alive on 11/16/37, 19 ... Death is said to have occurred on the date stated above, at 8 1/2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration 1 yr	

Other contributory causes of importance:

None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. A. Thurman M. D.

(Address) 2912 E. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10954 — CERTIFICATE OF DEATH — ✓108 — F 10954

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Reynolds St. 24-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of, street and number.)

Length of residence in city or town where death occurred 3rd yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wisniewski

If U. S. Veteran specify WAR:

(a) Residence: No. 1415 Reynolds St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 9 - 37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Wisniewski

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elvis Carnel

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT A. Wisniewski

(Address) 1415 Reynolds St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 18 1937

19. UNDERTAKER Fred W Ozazewski

(Address) 1930 Eastern Ave

NOV 18 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1937 to Nov 17 1937

I last saw him alive on Nov 9 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Lobar Basal Pneumonia	11-16-37
Other contributory causes of importance: Premature Baby	

Was an operation performed? no Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

....If so, specify ....

(Signed) J. A. Barranco M. D.

(Address) 436 E 90th ave.

Important: Should be carefully supplied. Age should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10955

CERTIFICATE OF DEATH

27643 JS

Registered No. 10-279

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Ruther Suber

If U. S. Veteran specify WAR

(a) Residence: No. 1102 E. Madison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-7-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Horace Suber

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Stella Reeves

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Stella Suber (Address) 1102 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 11-18-1937

19. UNDERTAKER Byron & Mamie W. Wright (Address) 1218 McCulloh St

20. FILED NOV 18 1937 19 Huntington Williams Registrar.

E.L.L.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937 to Nov 16, 1937.

I last saw h.C.Y. alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 2.55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance: Vaccinia, Whooping Cough, Bilateral otitis media

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R.K. Williams, M. D.

(Address) B.C.H.

Information should be carefully supplied. Avoid use of terms that may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

F 40956

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 W. Lombard St. St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Vincent Knott

If U. S. Veteran specify WAR

(a) Residence: No. 1115 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora I Knott

6. DATE OF BIRTH (month, day, year) March 18, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Cornelius Knott

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rosalie Burrough

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Cora I Knott
(Address) 1115 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 11/18/1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED NOV 18 1937 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/1937 19

22. I HEREBY CERTIFY, That I attended deceased from 11/9/37, 1937, to 11-15, 1937

I last saw h alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 12.30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	6 Days
Other contributory causes of importance: None	

Was an operation performed? None Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Norton, M. D.

(Address) 938 Lombard St.

N.J.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 40957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40957

CERTIFICATE OF DEATH

✓ 21616 JS

4-2-34-J-95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Carr (Florence Gertrude Frazier Carr) If U. S. Veteran specify WAR .....

(a) Residence: No. 315 N. Pine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B	Sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 9-20-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. Frazier (D)

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-19-37

19. UNDERTAKER James A. Hayes
(Address) 142 Woodyear St

NOV 18 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937, to November 16, 1937

I last saw h[illegible] alive on November 16, 1937. Death is said to have occurred on the date stated above, at 6.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10958

CERTIFICATE OF DEATH 15056--CM

34-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts St. 11-53 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME Ellison J. Swann

If U. S. Veteran specify WAR

(a) Residence: No. 717 Druid Hill Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unk.

6. DATE OF BIRTH (month, day, year) 1-30-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 75	7 9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Swann

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 11/18 19 37

19. UNDERTAKER Frances A. Stemsley

(Address) 578 W. Biddle St

FILED ..... 19 ..... Registrar.

NOV 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to November 15, 1937

I last saw him alive on November 15, 1937. Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-7-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10959 — CERTIFICATE OF DEATH — 21 F 10959

Registered No.

1. PLACE OF DEATH: Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3412 Hickory Ave St., 13-6 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME: Mrs. Katherine Fowble

(a) Residence: No. 3412 Hickory Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Richard Fowble

6. DATE OF BIRTH (month, day, year): Nov 14 1877

7. AGE: Years 60 | Months 0 | Days 2 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md - Baltimore Co

FATHER

13. NAME: Charles Collins

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Katherine Collins

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Carrie F. Fowble, Balto

18. BURIAL, CREMATION, OR REMOVAL: St Mary's C.A. Date Nov 20 37

19. UNDERTAKER (Address): R. S. Marshall 3539 Falls Road

Huntington Williams, M.D. Registrar.

NOV 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-16- 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-15- 1937 to 11-16- 1937

I last saw h[illegible] alive on 11-16- 1937 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix with Abscess & generalized peritonitis	2 days ago
Other contributory causes of importance: Bronchio-pneumonia	1½ days

Was an operation performed? Yes. Date of 11-15-37

For what disease or injury? Abscess

Name of operation W. Pelvic Incision

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 40960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40960

CERTIFICATE OF DEATH

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Druid Hill Ave St. 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Josephine Simpson

(a) Residence: No. 1234 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 3-14-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. Savage

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME ? Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Ida Cummings

(Address) 1234 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11-18-37 19

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Ave

20. FILED NOV 18 1937 19 Huntington Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 , 1937 to Nov. 15 , 1937

I last saw her alive on Nov. 15 , 1937 Death is said to have occurred on the date stated above, at 6 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	?
	,

Other contributory causes of importance: Old age

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

V S 9

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 40961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 40961

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1359 N. Calhoun ST. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ellen Rodman

(a) RESIDENCE NO. 1359 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A. A.	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Columbus Rodman

6 DATE OF BIRTH (month, day, and year) April 3, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Tailor

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Mary Tailor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Maryland

14 Informant Hattie Tickers (sister)

(Address) 711 Fairmount Ave Towson Md.

15 Filed NOV 18 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15, 1937

17 I HEREBY CERTIFY, That I attended deceased from 10/1, 1937, to 11/15, 1937, that I last saw h[illegible] alive on 11/15, 1937, and that death occurred, on the date stated above, at 9 15 P m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 838 Bond Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Mem Pk

DATE OF BURIAL 11-19-37

20 UNDERTAKER Mrs. Geary H. Hoffman

ADDRESS 123 Bond Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is necessary important. See instructions on back of certificates.

F 40962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40962 ✓ 145-a

CERTIFICATE OF DEATH

Registered No. 22142

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nannie White

(a) Residence: No. 810 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 6/10/1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	30	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Samuel Brewer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mollie Lipscomb

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Milton N.C. Date Nov. 18 1937

19. UNDERTAKER Thomas E. Kelly (Address) 1103 Pennsylvania Ave.

20. FILED NOV 18 1937 Registrar.

Issued from Milton, N.C. Nov 18

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937, to Nov. 16, 1937.

I last saw her alive on Nov. 16, 1937. Death is said to have occurred on the date stated above, at 10:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Puerperal Metritis	11/9/37.
Generalized Peritonitis	11/12/37
Other contributory causes of importance:	

Was an operation performed? Delivery Date of 11/12/37

For what disease or injury? Premature Labor (32 wks)

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles S. Gordhamer M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 185 F 10963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) 15 Ward 1 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Brown Jr ☐ U. S. Veteran specify WAR

(a) Residence: No. 1618 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Solomon Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Figures

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Solomon Brown

(Address) 1618 Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov. 18 1937

19. UNDERTAKER Wyvonne E. Kelson

(Address) 1308 Preston St

20. FILED NOV 18 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] thereon and from the evidence obtained by said [illegible] find that said deceased came to death on the day stated above.

(Signed) [illegible] (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Shock)	
Amputation thru of fingers (left hand)	Nov 16 1937

Other contributory causes of importance:

Was an operation performed? Yes (Date) Nov 16-37

For what disease or injury? Amputation of fingers

Name of operation Amputation thru [illegible] Date of operation Nov 16-37

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 16 1937

Where did injury occur? 1621 Riggs Ave Balto Md
(Specify street, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (store)

Manner of injury hand was caught in meat

Nature of injury Index & fingers amputated

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) George E. Allen M. D.

(Address) 550 S Augusta St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10964

10964

95-D

15-11

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3402 Lynchester Road-Ashburton St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles John Adolph Schulte

If U. S. Veteran specify WAR

(a) Residence: No. 3402 Lynchester Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~Divorced~~ Lillie M. Schulte

6. DATE OF BIRTH (month, day, year) Nov 30, 878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME F. W. Schulte

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Baer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Lille M. Schulte
(Address) 3402 Lynchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Nov 18th 37

19. UNDERTAKER J. M. Leichner & Sons
(Address) [illegible]

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1935 to Sept 15, 1937

I last saw h... alive on Sept. 15, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular disease	May 1935
Acute Cardiac Failure (Anginal)	Sept 10

Other contributory causes of importance?

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fenton E. Little M. D.

(Address) 22 E. Chas St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hunt for Registrar

GKG

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10965 V 59 F 10965

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2859 Woodbrook Avenue St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie A. Eckenrode

(a) Residence: No. 2859 Woodbrook Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Emanuel J. Eckenrode

6. DATE OF BIRTH (month, day, year) Dec 23rd 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Porter

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Emanuel Gordon Eckenrode
(Address) 2859 Woodbrook Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Nov 19 1937

19. UNDERTAKER J. S. Tichenor & Sons
(Address) Baltimore

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1937 to Nov 15 1937

I last saw her alive on Nov 2 1937 Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	1920 (about)
Cerebral Hemorrhage	11-5-37
Other contributory causes of importance: Diabetes Mellitus	1920 (about)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Gustav Hegbetun M. D.

(Address) 2726 Penna. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

NOV 19 1937

10966 HEALTH DEPARTMENT—CITY OF BALTIMORE 10966

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 McCurley St. 20-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Anna Bezold. If U. S. Veteran specify WAR

(a) Residence: No. 203 McCurley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married.

6a. If married, widowed, or divorced (~~HUSBAND of~~) WIFE of John A. Bezold

6. DATE OF BIRTH (month, day, year) May 9-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	7 da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house - wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Peters
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Pankus
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John A. Bezold
(Address) 203 McCurley St.

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem. Date 11/19 37

19. UNDERTAKER Geo. A. Fuhrman
(Address) Fulton & Lafayette

20. FILED NOV 19 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16- 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7- 1937 to November 16- 1937
I last saw her alive on November 6- 1937 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2-1-37.

Other contributory causes of importance:
none

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Chester Riland M. D.
(Address) 2532 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40967

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Belmar Ave St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Oscar Scarborough Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 4204 Belmar Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily B. Scarborough

6. DATE OF BIRTH (month, day, year) June 4th. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) June 1927

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT James Scarborough
(Address) 4204 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Nov. 19th 37

19. UNDERTAKER Frederick Lassahn & Sons
(Address) 7401 Belair Road

FILED NOV 18 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16th. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1937 to Nov 16 1937 last saw h alive on Nov 15 1937 Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral syphilis	
Cerebral hypocondition	1935
Hypertension	

Other contributory causes of importance: Myocardial insufficiency Nov 1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw H Benson M. D.

(Address) 1 W. Oxford

VS 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Sanderson 1714 N Caroline St

40968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a 40968

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 1749 N. Castle St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Mary Connor (O'Connor) — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1749 N. Castle St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Dec 27th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Doyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank O'Connor
(Address) 1749 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 20th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams NP Registrar

NOV 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1937 to Nov 18, 1937

I last saw her alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	Nov 17/37
Other contributory causes of importance: Chronic valvular disease of heart	Oct 30/37

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) John W. Sanderson M. D.
(Address) 1714 N Caroline St

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 2

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40963

CERTIFICATE OF DEATH

F 40963

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Homestead St., 9-5 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Clark

(a) Residence: No. 918 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Female	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Clark

6. DATE OF BIRTH (month, day, year) Jan 27 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Stehn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles H. Clark
(Address) 918 Homestead

18. BURIAL, CREMATION, OR REMOVAL
Place Balt Cem. Date Nov 20 1937

19. UNDERTAKER Tilly & Zentgraf
(Address) 405 Sanders

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1937 to Nov. 16 1937

I last saw h alive on Nov 16 1937. Death is said to have occurred on the date stated above, at 11/55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/25/37.
Atheroma	

Other contributory causes of importance:

Bronchopneumonia	10/13/37.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. MacMurchy M. D.

(Address) 1116 Greenmount Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

F 10370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10370

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 E So. Montford Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Lorell

If U. S. Veteran specify WAR

(a) Residence: No. 8 E So Montford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Lorell

6. DATE OF BIRTH (month, day, year) 7-15-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Hummel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Lorell

(Address) 8 E So Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Repose Date 11/20, 1937

19. UNDERTAKER Leonard J Hirsh

(Address) 520 E Fayette St

20. FILED NOV 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937 to Nov. 16, 1937.

I last saw her alive on Nov. 16, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon — Date of onset about 5 mos. ago.

Other contributory causes of importance:

Myocardial failure

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? Surgical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan H Hirsh M. D.

(Address) 2351 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

10971 HEALTH DEPARTMENT—CITY OF BALTIMORE 10971

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6c yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Mrs August Kamsch

If U. S. Veteran specify WAR

(a) Residence: No. 608 Parkwyth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christine S Kamsch

6. DATE OF BIRTH (month, day, year) 1-21-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga Latvia Prov. Russia

FATHER

13. NAME John Kamsch

14. BIRTHPLACE (city or town) (State or country) Riga Latvia Prov. Russia

MOTHER

15. MAIDEN NAME Christine Spalding

16. BIRTHPLACE (city or town) (State or country) Riga Latvia Prov. Russia

17. INFORMANT Henry Kamsch

(Address) 608 Parkwyth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Park Date Nov. 18 1937

19. UNDERTAKER Thomas McGlynn

(Address) 511 E Eager St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1937, to Nov. 15, 1937

I last saw him alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 3.40 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia (Rt)	11/11/37

Other contributory causes of importance:

Bronchial Pneumonia	11/15/37
Myocarditis	11/15/37

Was an operation performed? Yes Date of 11/11/37

For what disease or injury? Strangulated Inguinal Hernia (Rt)

Name of operation Rt. Inguinal Herniaplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Frederick Johnston M. D.

(Address) Maryland General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

LGC 61337

HEALTH DEPARTMENT—CITY OF BALTIMORE

10972 ✓ 10972

10972

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 N. Linwood Avenue St., 6-1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JULIA M. BOLGER

(a) Residence: No. 143 N. Linwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Bolger

6. DATE OF BIRTH (month, day, year) Sept. 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76.	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John J. Fuller

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Carty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jos Bolger 143 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter's Cemet Date Nov. 20, 19

19. UNDERTAKER (Address) Chas. H. Grave & Son 118 W. Mt. Royal Ave

20. FILED NOV 19 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1937 to Nov. 16, 1937

I last saw her alive on Nov. 15, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage)	11/14/37

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10973

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N. Washington St. St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CATHERINE LURZ

(a) Residence: No. 1827 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Mar. 25, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

FATHER

13. NAME Thomas Lurz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Hein

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Mollie Lurz
(Address) 1827 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov 11/19 1937

19. UNDERTAKER Chas. P. Graves & Son
(Address) 115 W. Mt. Royal Ave

20. FILED ..... 19.....
Registrar.

NOV 13 1937 Washington Millinery, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Nov. 16, 1937

I last saw h.. alive on Nov. 16, 1937. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
My coronaries	over

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Juliet Fuchs M. D.

(Address) 1823 N. Mount St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40974

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 22 Ward 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Ann McCormick

If U. S. Veteran specify WAR .....

(a) Residence: No. 3301 Abell Avenue St., Balt Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 18-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jno Edward J. Murphy

(Address) Gilman apts C. 4

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Nov 19, 37

19. UNDERTAKER Chas E. Evans & Son

(Address) 118 W. Mt Royal Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1937 to Nov. 16, 1937

I last saw h.. alive on Nov. 16, 1937 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Hypertensive cardiovascular disease.	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? L.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Dr Jenkins M. D.

(Address) Union Memorial Hospital Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

NOV 19 1937 Huntington & Hillcrest, Md

F 40975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40975

10

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Canby

If U. S. Veteran specify WAR .....

(a) Residence: No. 106 W Fallsway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 12-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. Canby

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Emily Sails

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 18, 1937

19. UNDERTAKER John J. Mitchell

(Address) 1400 Eutaw Pl.

20. FILED NOV 19 1937 Annington Williams Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) NOV. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from NOV. 16, 1937, to NOV. 17, 1937

I last saw h.. alive on NOV. 17, 1937 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsillitis and pharyngo-Dyphtheria	11/12/37
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Harry S. Gimbel M. D.

(Address) Sydenham Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 10976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10976

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Western Police Station St. 7-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR

2. FULL NAME Charles A. Kahler

(a) Residence: No. 906 N. Patterson Pk. Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie Kahler

6. DATE OF BIRTH (month, day, year) March 18, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Capt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Kahler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Fulda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sophia Kahler

(Address) 906 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem. Date Nov 20 37

19. UNDERTAKER Neumann & Son

(Address) 32 S. Broadway

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) M. D.

Coroner

(Address) 2707 E. Mos

Instructions should be carefully studied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

E 10977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10977

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Renetta Mae Jiggetts — If U. S. Veteran specify WAR

(a) Residence: No. 1106 Wheeling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2 - 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	9	14/5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Reuben Jiggetts

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillian Keys

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lillian Keys (Mother)
(Address) 1106 Wheeling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Nov 20, 37

19. UNDERTAKER Mr. Kirby R. Williams
(Address) 322 E. Chase St.

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry did find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died on operating table under ether Anesthesia 1st & 2nd degree burns 60 pr ct of body surface.	Nov 16-1937 Jan. 25-1937
Kidney stone right Kidney	4 years
Other contributory causes of importance: Myocarditis,	3 years

Was an operation performed? No Date of Nov 16 1937

For what disease or injury? to open right Knee

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 16 1937

Where did injury occur? Balto. City Hospitals
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospitals

Manner of injury Lady on table for operation

Nature of injury Died under ether Anesthesia

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

V S 6

F 40978

HEALTH DEPARTMENT—CITY OF BALTIMORE 40978

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH 206 Parrish St

CITY OF BALTIMORE: (No. Back St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loreta Cameron

If U. S. Veteran specify WAR

(a) Residence: No. 206 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	May 6	5 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maccaroni

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Lee Grant Cameron

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Martha Crist

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Martha Crist

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Nov 29, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED , 19 Registrar.

Huntington Printing Co., Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Nov 15, 1937

I last saw h[illegible] alive on 11-15, 1937. Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. T. B.	
Other contributory causes of importance: Pul. Edema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Boykin, M. D.

(Address) 1512 N Edmondson

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 17 1937

F 40979

F 40979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-97 cc

Registered No. 1577

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 817 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Lottie Kelly

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Lottie Kelly

(Address) 817 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 28 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Aorta	Some time
	Years
	Some time

Other contributory causes of importance:

Asthma - Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 66

Huntington Williams, M.D.

✓ F 40980

F 40980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Salem St., 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Romas E. Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 2512 Salem St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) Nov 8. 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City.

FATHER

13. NAME Paul Parker.

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Enes Ruth Higgs

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Paul Parker.

(Address) 25-12 Salem St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV. 18 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

NOV 18 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1937 to Nov. 16 1937

I last saw her alive on Nov. 16 1937. Death is said to have occurred on the date stated above, at 5 30/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	

Other contributory causes of importance:

Mal-nutrition

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Sheatley M. D.

(Address) 1230 Druid Hill Ave

Information should be entirely complete. Any answer which is not known should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40981

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Guilford Avenue. St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Warner Emich

If U. S. Veteran specify WAR

(a) Residence: No. 3034 Guilford Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) Dec 19th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) - - -

11. Total time (years) spent in this occupation - - -

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel J. Emich

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Daniel J. Emich
(Address) 3034 Guilford Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov 20th 1937

19. UNDERTAKER Wm. J. Fichner & Sons
(Address) Park Ave

20. FILED NOV 13 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1937 to Nov 18 1937

I last saw h W alive on Nov 17 1937 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia —	Nov 16
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. W. Chamberlain, M. D.

(Address) 1327 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40982

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 E. Payson St. 30-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie E. Jette

If U. S. Veteran specify WAR

(a) Residence: No. 224 E. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
		Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew P. Jette

6. DATE OF BIRTH (month, day, year) April 11, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME James Evernole

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr. Andrew P. Jette
(Address) 224 E. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER Harry A. Cuthbert
(Address)

20. FILED ... 19 ... Registrar

NOV 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 16, 1937.

I last saw him alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. carcinoma of body of uterus.	Oct 36
b. infiltrating.	
c. secondary anaemia.	
d.	

Other contributory causes of importance:

Myocardial insufficiency.	2 da.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward Dorsey Jr. M. D.

(Address) 886 N. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10983

F 10983 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy May Schnefele

(a) Residence: No. 506 S Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fe	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Lawrence John Schnefele

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

MOTHER

15. MAIDEN NAME Violet Martin

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md

17. INFORMANT Violet Martin Schnefele

(Address) 10 Kenwood Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 19 - 37

19. UNDERTAKER Yes F B Kippert & Son

(Address) Undertaker Place

20. FILED Nov 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury Poisoning	Nov 10-37
Acute Nephritis	Nov 14-37

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 10. 1937

Where did injury occur? 506 S Bentalou St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Self inflicted poisoning

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter G Hanna M. D. Coroner

(Address) 18 E Lexington St Baltimore Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10984 — CERTIFICATE OF DEATH — 131 F 10984

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Maude Ave St., Brooklyn 25-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Cole — If U. S. Veteran specify WAR

(a) Residence: No. 412 Maude Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Nannie L Cole

6. DATE OF BIRTH (month, day, year) March 7th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sadler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Knoxville Tenn

FATHER

13. NAME Alexander Cole

14. BIRTHPLACE (city or town) (State or country) Knoxville Tenn

MOTHER

15. MAIDEN NAME Nancy Crawford

16. BIRTHPLACE (city or town) (State or country) Knoxville Tenn

17. INFORMANT Mrs Josephine Thurman
(Address) 412 Maude Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Wood Cemetery Richmond Va Nov 18 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. Filed Dec 6 1937 H. E. Williams, M.D. Registrar.

NOV 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw him alive on 11-17, 1937 Death is said to have occurred on the date stated above, at 5-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chron	1935
Cardiac failure Sept	1937

Other contributory causes of importance:

Parotitis Right Terminal	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis B Whiting, M. D.
(Address) 4701 Pennsylvania Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L. B. Whiting 4701 Pennsylvania

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40985

CERTIFICATE OF DEATH

93-F 40985

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 W. Montgomery St., 32-1 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F. Filmann

(a) Residence: No. 8 W. Montgomery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Filmann

6. DATE OF BIRTH (month, day, year) July 20 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Herman D. Filmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Zuholm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alvina H. Filmann (Sister)
(Address) 8 W. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 19 37

19. UNDERTAKER John G. Denny
(Address) 915 Light St

20. FILED NOV 18 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937, to Nov 16, 1937.

I last saw h[illegible] alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H J Herzog M.D. M. D.

(Address) 1205 N Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 18 1937

VS 9

F 40986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40986 #12674 SF

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 9-8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Crawford (John Wallace Crawford) If U. S. Veteran specify WAR

(a) Residence: No. 735 E. 20th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. E. Express Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Md. Baltimore Maryland

FATHER

13. NAME John Crawford

14. BIRTHPLACE (city or town) (State or country) Md. Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Ida Mansfield

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 18 1937

19. UNDERTAKER Joseph Hood
(Address) 1005 W. Baltimore St.

20. FILED 19 Registrar

NOV 19 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to November 16, 1937

I last saw him alive on November 16, 1937 Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-9-37

Other contributory causes of importance:

Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santville M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Any statement may be used in a court of law. PENALTIES: Failure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 40987

210-M

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Frank Musgrove

(a) Residence: No. 54 S. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Jennie Musgrove

6. DATE OF BIRTH (month, day, year) October 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	-	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sun Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frank Roll

10. Date deceased last worked at this occupation (month and year) November 16, 1937

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Chester Maryland

FATHER

13. NAME William Musgrove

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Worden

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Sarah J. Musgrove
(Address) 54 S. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 19, 1937

19. UNDERTAKER Joel Mook
(Address) 2005 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Ribs	11-16
Probable fracture of Skull	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-16, 1937

Where did injury occur? Corner 1012 N. Balto. St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. (Yes)-
Struck by auto while crossing street from stout car

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert H. Gundry, M. D.
Coroner

(Address) 907 N. Charles St.

NOV 16 1937

V 8 6

F 40988

M. D. P. 1268-2

F 40988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Shuter St., 7-5 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vaclav Jelinek

(a) Residence: No. 815 N. Shuter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of / WIFE of: Caroline Jelinek

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Vencl Jelinek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Caroline Jelinek
(Address) 815 N. Shuter St

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Hill Date: Nov. 19 1937

19. UNDERTAKER: Frank Leach & Son
(Address) 1900 Eastland Ave

20. FILED NOV 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to Nov. 17, 1937

I last saw h[illegible] alive on Nov. 17, 1937 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chr. Interstitial Nephritis	4 yrs 5 yrs.

Other contributory causes of importance:

Name of operation: Clinical Findings? Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan D. Cooke M. D.

(Address) 845 N. Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

6

F 10989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10989

34-1 186-2

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Balto. General Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Hecker Doanbush Shank

(a) Residence: No. 1302 Beason St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ignatz Shank

6. DATE OF BIRTH (month, day, year) Nov. 21 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Max Laweraner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. Hecker

(Address) 621 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 11/19/37

19. UNDERTAKER C. L. Stevens

(Address) 1501 E. Fort Ave

DATE RECEIVED NOV 19 1937 Registrar Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Contusions of Head	
Face	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date Nov. 13, 1937

Where did injury occur? 1302 Beason St Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps in Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N

If so, what? E. R. Cullen

(Signed) Coroner M. D.

(Address) 2267 N. Howard

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30990

CERTIFICATE OF DEATH

30990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp St., 27-3 137 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME George Henry Cook

(a) Residence: No. 3102 Ruckert Ave Ward. War No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John George Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Margaret Dietz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha A. Cummings

(Address) 3102 Ruckert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov. 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/1937 to 11/18/1937

I last saw h[illegible] alive on 11/17/1937 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Senility	
Other contributory causes of importance: Benign prostatic hypertrophy	

Was an operation performed? YES Date of 10/19/37

For what disease or injury? Benign prostatic hypertrophy

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest S. Dingo M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

10991

CERTIFICATE OF DEATH

117-aF 10991

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. Ward) 5 4

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand G. Steinbach

If U. S. Vet. specify WAR No Record

(a) Residence: No. 3453 S. Hanover Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Steinbach

6. DATE OF BIRTH (month, day, year) Aug 21 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat Building

10. Date deceased last worked at this occupation (month and year) Oct 937

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Paul Steinbach

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie -

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Carrie Steinbach

(Address) 3433 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 20 37

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

NOV 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3-37 19.. to 11-17-37 19..

I last saw him alive on 11-17-37 19.. Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Peritonitis,	over

Other contributory causes of importance:

Gastric ulcer

Was an operation performed? yes Date of 11-9-37 & 11-17-37

For what disease or injury? Perforated ulcer.

Name of operation Gastrectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Delanie M. Lupo, M. D.

(Address) 1213 Light St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10992

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 N. Bond St. St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Kate W. Wellener

(a) Residence: No. 1724 N. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of Basil S. Wellener

6. DATE OF BIRTH (month, day, year) April 1, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 11/1/37

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Robert H. Hamill

14. BIRTHPLACE (city or town) (State or country) Lukenna

MOTHER

15. MAIDEN NAME Catherine M. Conant

16. BIRTHPLACE (city or town) (State or country) Boston Massachusetts

17. INFORMANT Mary E. Wellener

(Address) 1724 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Filed NOV 19 1937 19 [illegible] for Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1717 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40993 — CERTIFICATE OF DEATH — 94 C — F 40993

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Clifton Park Terrace) (Ward 8)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Chas. Edw. Sachse

(a) Residence: No. 2914 Clifton Park Terrace (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Sachse

6. DATE OF BIRTH (month, day, year): Nov. 17, 1889

7. AGE: Years 48 | Months | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal & Elect Co.

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo C. Sachse

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret Browne

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mrs Mary E. Sachse 2914 Clifton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Bloh Redeemer Date 11-22 19 37

19. UNDERTAKER (Address): Geo M. Sanford Son 811 N Eutaw St

FILED NOV 19 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address) 1919 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 40994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C F 40994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Radnor Ave St. 27-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Hausman

If U. S. Veteran specify WAR

(a) Residence: No. 704 Radnor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Hausman

6. DATE OF BIRTH (month, day, year) April 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lawrence Cassell

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

MOTHER

15. MAIDEN NAME Martha Murray

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Thomas J. Welsh

(Address) 704 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem Date Nov 18, 1937

19. UNDERTAKER Edgar W. Conklin

(Address) 924 Eutaw Pl

19 NOV 19 1937 Registrar

NOV 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1937, to Nov 18, 1937

I last saw her alive on Nov 17th, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Hypertension	
arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis L. Bagli, M. D.

(Address) 6077 Harford Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 37467 37995 × 94-a

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr William C Fowler

(a) Residence: No. 2737 Devonshire Place St., ... Ward. Wash D C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 10-24-65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	0	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME Thomas Fowler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Wall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Md D.C.
Pla Glenwood Cem Date Nov 22 1937

19. UNDERTAKER Wm J Lichtenberg & Sons
(Address) Towson Md

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Nov 19 1937

I last saw h.. alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1930
Coronary Occlusion (?)	11-19-37

Other contributory causes of importance:

Tic Douloureux	1931

Was an operation performed? Yes Date of Nov 12 1937

For what disease or injury? Tic Douloureux

Name of operation Section Trigeminal Nerve, Sensory Root

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Va 9

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 40996

CERTIFICATE OF DEATH

93-F 40996

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Kirk Ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry A. Zile

(a) Residence: No. 2204 Kirk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Zile.

6. DATE OF BIRTH (month, day, year) Feb. 17-1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME John T. Zile.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mary Huff.

16. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

17. INFORMANT Mrs. Anna MacDonald.

(Address) 2832 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown. Md. Date Nov. 20- 1937

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

NOV 19 1937

20. FILED Huntington Matthews, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteri - sclerosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schumer, M. D.

Coroner

(Address) 1912 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 10997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10997

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Pall Mall St., 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lena L. Frank,

If U. S. Veteran specify WAR

(a) Residence: No. 4311 Primrose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Frank

6. DATE OF BIRTH (month, day, year): July 4, 1866

7. AGE: Years 71 | Months July 4 | Days 4 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Solomon Heisman

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Ed Frank

(Address) 4311 Primrose Rd

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Ft. Friendship Cem. Date Nov. 19, 1937

19. UNDERTAKER: Laird Sondheim & Son

(Address) 1902 Eastern Ave

20. FILED: NOV 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 11/17/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N. Evans, M. D. Coroner

(Address) 612 N 40

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 10998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B 10998

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Feldstein

(a) Residence: No. 3826 Bonner Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Rebecca Feldstein

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper. Clothing Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Levering Mem. Date 11/19/37 19

19. UNDERTAKER Peter Louis Ide
(Address) 1739 E. Baltimore St

20. FILED 19 Registrar.

NOV 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1937, to 11/19, 1937

I last saw h.l. alive on 11/18, 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1934
Arteriosclerotic Cardiovascular Dis	1930
Other contributory causes of importance: Bronchopneumonia	10/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Herbert M. Gundersheimer, Jr. M. D.
(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

40999 HEALTH DEPARTMENT—CITY OF BALTIMORE 40999

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No. 1

CITY OF BALTIMORE: (No. ..... St., 25 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ellen Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 3615 E Hanover St. St., Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William G Miller

6. DATE OF BIRTH (month, day, year) Aug 1 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

FATHER

13. NAME Robert F McPherson

14. BIRTHPLACE (city or town) (State or country) Brooklyn Md

MOTHER

15. MAIDEN NAME Violetta Long

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Emma M Potee (Sister)

(Address) 3611 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 20 1937

19. UNDERTAKER John F Denny

(Address) 515 Light St

20. FILED ..... 19 ..... Registrar.

NOV 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-10-1937 to 11-17-1937

I last saw h[illegible] alive on 11-17-1937 Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	10/28/37
Intestinal Hemorrhage	11/11/37
Other contributory causes of importance: Bronchopneumonia, bilateral	10/28/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J Kiel M. D.

(Address) South Balto. Gen. Hosp.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41000

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Wilkens Ave St. 19-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Wilde

If U. S. Veteran specify WAR

(a) Residence: No. 1711 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Wilde

6. DATE OF BIRTH (month, day, year) May 4. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 10 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Redding

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. John T. Stroh

(Address) 1200 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov. 22. 1937

19. UNDERTAKER Mr. Mrs. John W. Finfel & Son

(Address) 801 W. Baltimore St.

20. FILED NOV 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/12/37, 19, to 11/17, 1937

I last saw h.e. alive on 11/17 1937. Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	11/17/37
Other contributory causes of importance: Chronic Cardio-Vascular Renal Disease	10 yrs.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph R. Lauricella M. D.

(Address) 679 Washington Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41001

CERTIFICATE OF DEATH 28264 (MH)

6-5 / 102-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals S. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henson

(a) Residence: No. 417 N. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2/12/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 19th 37

19. UNDERTAKER Elroy J Wilson
(Address) 1000 Brantley Ln

20. FILED NOV 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1937, to November 16, 1937.

I last saw h[illegible] alive on November 16, 1937. Death is said to have occurred on the date stated above, at 9.04 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-11-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Laytable M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

11002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11002

CERTIFICATE OF DEATH

147-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 13 yrs. mos. ds.

2. FULL NAME Predonzan, Antonio or Joe, Tony Preadonzan

If U. S. Veteran specify WAR

(a) Residence: No. 206 S. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) 1/1/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Klein Manzura

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mathias Date Mar. 30. 1937

19. UNDERTAKER Kendall Hood

(Address) 1405 E. Eager St.

20. FILED ..... 19..... Registrar.

NOV 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1937 to 11-16, 1937

I last saw him alive on 11-16, 1937. Death is said to have occurred on the date stated above, at 1:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx with metastasis	Autopsy
	over

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L.A. Woodward Jr. M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41003

CERTIFICATE OF DEATH

1606 SF

107-a

Registered No. 2017

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie J. Roberts

(a) Residence: No. 223 N. Monastery St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J.

6. DATE OF BIRTH (month, day, year) 10/19/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John J. Evans

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 19 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Mann

20. FILED NOV 19 1937 [illegible] Registrar.

3623

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to November 8, 1937

I last saw her alive on November 8, 1937. Death is said to have occurred on the date stated above, at 9:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-5-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lawtella M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11001

HEALTH DEPARTMENT—CITY OF BALTIMORE

11001

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 447 E 22nd St 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs yrs. mos. ds.

2. FULL NAME Michael Kealty

If U. S. Veteran specify WAR

(a) Residence: No. 447 E 22nd St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Kealty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora O'Dill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mc O'Donnell

(Address) 447 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Nov 20 1937

19. UNDERTAKER Mary M Weedefeld

(Address) 201 E 22nd St

20. FILED Nov 20 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937, to Nov 17, 1937

I last saw h alive on Nov 17, 1937. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema & Chronic Alcoholism	Nov 16

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Pearce M. D.

(Address) 2105 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11005 — CERTIFICATE OF DEATH — 11005

-160-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Vaeth — If U. S. Veteran specify WAR .....

(a) Residence: No. 1816 E. North Ave St., B3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 13, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Roland Mathew Vaeth

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Thillman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL NOV 19 1937
Commissioner of Health

19. UNDERTAKER .....
(Address) Per H. A. Moore

20. FILED ..... 19..... Registrar.

NOV 19 1937 Health Department, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14-1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Intracranial injury	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) E. Ellis, M. D.
(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41006 F 41006

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. B2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Whitsworth

If U. S. Veteran specify WAR

(a) Residence: No. 1607 E. Lombard St., B2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 21, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Horace Whitworth

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL Date NOV 19 1937, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED NOV 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1937 to ..., 19..

I last saw h... alive on Oct. 15, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Atelectasis	Oct. 15
Prematurity	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41007

CERTIFICATE OF DEATH

1161-B

Registered No. F 41007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby McCoy

If U. S. Veteran specify WAR .....

(a) Residence: No. 422 S. Caroline St. St., B2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert McCoy

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Edna Perkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL Date NOV 19 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ....., 19..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937 to Sept 10, 1937

I last saw h.. alive on Sept 10, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(?) Hemorrhagic disease of the newborn	Sept 6
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) E Belk M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41008

CERTIFICATE OF DEATH

F 41008

1. PLACE OF DEATH West Baltimore General Hospital 122-a

Registered No. X 16-6

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Aline Chilcoat

If U. S. Veteran specify WAR .....

(a) Residence: No. Parkton Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Lawrence Chilcoat

6. DATE OF BIRTH (month, day, year) April 20 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49 48	6	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hamstead Md.

FATHER

13. NAME John Mayo

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie James

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Aline Chilcoat
(Address) Parkton, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel, Balto Co. Date Nov. 21 1937

19. UNDERTAKER Wm. C. Brooks & Son
Address Sparks, Md

20. FILED NOV 19 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1937 to Nov. 19 1937

last saw her alive on Nov. 19 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	11/17/37
Other contributory causes of importance: Myocardial Failure	

Was an operation performed? Yes Date of 11/17/37 & 11/18/37

For what disease or injury? Strangulated Inguinal Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Morton Sears, M. D.

(Address) W Balt

Huntington Printing Co., Inc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41009 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41009

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Madison ave St. 11-t Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilson Wells

If U. S. Veteran specify WAR .....

(a) Residence: No. 900 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Vinie Wells.

6. DATE OF BIRTH (month, day, year) May 6, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bellview Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Matthews
(Address) 900 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md Date 11/21/ 1937

19. UNDERTAKER Frances A. Hendley
(Address) 578 W. Biddle St

20. FILED NOV 20 1937 Registrar

NOV 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to Nov 18 1937

I last saw him alive on Nov 18 1937. Death is said to have occurred on the date stated above, at 8.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Croupous)	Oct 18 1937
Other contributory causes of importance: Stomach trouble	" "

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Characteristic Symptoms

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. R. Flowers M. D.

(Address) 1201 Druid Hill Ave

S. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 41010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41010

CERTIFICATE OF DEATH

116

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. X St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen A. Brown

If U. S. Veteran specify WAR World War

(a) Residence: No. St., Ward. 302 Middle Alley, Frederick, Maryland.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) February 12, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- 0

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Middletown, Md.

FATHER

13. NAME Stephen Brown

14. BIRTHPLACE (city or town) (State or country) Middletown, Md.

MOTHER

15. MAIDEN NAME Bertie ??

16. BIRTHPLACE (city or town) (State or country) Middletown, Md.

17. INFORMANT Records - U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 11/20, 37

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1937 to November 17, 1937

I last saw him alive on November 17, 1937. Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
1	Dilatation, esophagus, chronic	1918
2	Dilatation, heart, acute	11-16-37
4	Dilatation, stomach, acute	11-16-37
3	Atelectasis, left lung	11-16-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-28, 10-30, 11-16

For what disease or injury? Dilatation esophagus & stomach.

Name of operation Pneumothorax; gastroesophagustomy; blood transfusion.

What test confirmed diagnosis? ---- Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

NLH/g

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41011

CERTIFICATE OF DEATH

✓ 121 F 41011

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital 15-6 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Melissa Dorsey Benner

If U.S. Veteran specify WAR .....

(a) Residence: No. 2721 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced [redacted] of (or) WIFE of Wharton Harvin Benner

6. DATE OF BIRTH (month, day, year) Apr. 16, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	7	32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles N. Dorsey

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Hannah Cather

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Miss Ellen Dorsey 1811 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Nov. 27 37

19. UNDERTAKER (Address) Wm Hackner Bond North & Pa ave.

NOV 20 1937

Hamilton Williamsburg, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from November 14 1937 to November 18 1937

I last saw her alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 11.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Localized peritonitis	Nov 13
Ruptured appendix	Nov 10
Other contributory causes of importance: Diabetes mellitus	1922

Was an operation performed? yes Date of Nov 15, 1937

For what disease or injury? Appendicitis

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Mabel Linkin M. D.

(Address) Womens Hospital

Dr WILKIN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41012

CERTIFICATE OF DEATH

15-4 92-E 41012

1. PLACE OF DEATH West ~~Fairmount~~ Registered No.

CITY OF BALTIMORE: (No. Baltimore General St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Baker If U. S. Veteran specify WAR

(a) Residence: No. 2136 Herbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank T. Baker

6. DATE OF BIRTH (month, day, year) Feb 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

FATHER

13. NAME John Kulic

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Segina

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank Baker (Husband)
(Address) 2136 Herbert

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 22 37

19. UNDERTAKER Wm. J. Fickert & Son
(Address) Pimlico Md.

20. FILED NOV 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17. 1937 to Nov. 18. 1937

I last saw her alive on Nov 17. 1937 Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bact. endocarditis	?
Cerebral Hemorrhage	
multiple infarction	
Hypostatic Pneu. Pneumonia	

Other contributory causes of importance:
Mitral Stenosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton Levin, M. D.

(Address) WBGN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41013

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 E. 41 St St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavinia S. Roszell

If U. S. Veteran specify WAR

(a) Residence: No. 820 E. 41 St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: T. Alexander Roszell

6. DATE OF BIRTH (month, day, year): Jan. 24 1857

7. AGE: Years 80 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min. 25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilmington Del

FATHER

13. NAME: Saml. LeCompte.

14. BIRTHPLACE (city or town) (State or country): Phila. Pa

MOTHER

15. MAIDEN NAME: Margaret Copstoy.

16. BIRTHPLACE (city or town) (State or country): Phila Pa

17. INFORMANT (Address): Elizabeth K McLeod 820 E. 41 st St.

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Cem. Date Nov. 20 37

19. UNDERTAKER (Address): W. H. Leitner Sons. North & Paines.

20. FILED NOV 20 1937 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to Nov 18 1937

last saw h alive on Nov 18 1937. Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	1936
Chron Ds. Nephritis	1936
Arteriosclerosis - a	1936

Other contributory causes of importance:

Acute Cardiac Dilatation	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 501 Shenandoah

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41014

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 W. Fayette St. St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Shelaika

(a) Residence: No. 712 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Shelaika

6. DATE OF BIRTH (month, day, year) July 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Anthony Shelaika

14. BIRTHPLACE (city or town) (State or country) Lithuaina

MOTHER

15. MAIDEN NAME Caraolina Dirda

16. BIRTHPLACE (city or town) (State or country) Lithuaina

17. INFORMANT Catherin C. Faubert

(Address) Crownsvill Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 20 1937

19. UNDERTAKER Joseph A. Kosmaka Sons

(Address) 1128 Wash. Blvd

20. FILED NOV 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. B. Crowley M. D.

(Address) 2757 E. Lanvale

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 41015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41015

CERTIFICATE OF DEATH

82-W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 O'Donnell St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 56 yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME [redacted] Josefa Derbk or Josephine Darlak

If U. S. Veteran specify WAR .....

(a) Residence: No. 2810 O'Donnell St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Galen

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr George Darlak

(Address) 2810 O'Donnell st

18. BURIAL, CREMATION, OR REMOVAL Ft St Stanislaus Date Nov. 20 1937

19. UNDERTAKER Stephen J Fialkowski

(Address) 1001 Kenwood Ave

20. FILED NOV 23 1937 Augustus Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1937, to Nov. 17, 1937

I last saw her alive on Nov. 17, 1937 Death is said to have occurred on the date stated above, at 8 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Turowski M. D.

(Address) 2529 Eastern Ave

F 41016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41016

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Oak Manor Place St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1736 N. Jay or Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Miller

6. DATE OF BIRTH (month, day, year) Feb. 22 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carriage Factory

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Marlen Va

FATHER

13. NAME Alexander P. Miller

14. BIRTHPLACE (city or town) (State or country) Rockbridge Co. Va.

MOTHER

15. MAIDEN NAME Ellen McClung

16. BIRTHPLACE (city or town) (State or country) Rockbridge Co. Va.

17. INFORMANT Mrs. Amelia Miller

(Address) Midland Va

18. BURIAL, CREMATION, OR REMOVAL

Place Buena Vista Va Date Nov 21 1937

19. UNDERTAKER Thomas C. Taylor

(Address) 1000 Main Lexington

20. FILED NOV 23 1937 Huntington Williams, Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 9:30 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
Other contributory causes of importance: Pulmonary Edema,	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Ryan Graves Coroner, M. D.

(Address) 1215 Hanover

V 5 6 Buena Vista Va

F 11017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11017

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. St., 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nick Pertes

If U.S. Veteran specify WAR

(a) Residence: No. 1720 Lancaster St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~Wife of~~ Nicoletta Pertes

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Nicoletta Pertes (Address) 1720 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov 20 37

19. UNDERTAKER T. Francis Reese (Address) Westminster Md

Registered NOV 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1937 to Nov 19 1937

I last saw him alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 3 30/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Diabetes Mellitus (mild)	?
Other contributory causes of importance:	
Atrophic Arthritis	5 Yrs

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11018

CERTIFICATE OF DEATH

53E F 11018

21194--RHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) 19-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruie B Summers

If U. S. Veteran specify WAR No Record

(a) Residence: No. 340 E. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. C. Summers

6. DATE OF BIRTH (month, day, year) 5/2/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Henderson, Ky.

FATHER

13. NAME James Henry Hudson

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Carrie Bunch

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Nov 20th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 20 1937 19 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1937 to 11-19 1937

I last saw her alive on 11-18 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of thyroid	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Woodward M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41013

HEALTH DEPARTMENT—CITY OF BALTIMORE

41013

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2014 (Street) W. Saratoga (Ward) 20-L

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Briley

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2014 N. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Josephine Briley

6. DATE OF BIRTH (month, day, year) Aug 8-1864

7. AGE: Years 73 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Mover

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm H Meier

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME John F. Briley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth James

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles H. Briley

(Address) 808 W 34th St

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Nov 22 1937

19. UNDERTAKER Williams Corbin

(Address) 1217 St Paul St

FILED NOV 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14th 1937 to Nov 18th 1937

I last saw her alive on Nov 18th 1937 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Pulmonary Edema	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ✓ Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. J. Tankersley M. D.

(Address) 119 N. Milton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41020

HEALTH DEPARTMENT—CITY OF BALTIMORE

41020

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 E 30th St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Fiserman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 509 E 30th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Feb 26 1899

7. AGE: Years 38 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sell Coal

10. Date deceased last worked at this occupation (month and year): Aug 1937

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John B Fiserman

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Emma Wilson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Myrtle Shortt 509 E 30th St

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Cem Date Nov 22 37

19. UNDERTAKER: William Cook (Address) 1217 St Paul Street

DATE RECEIVED NOV 20 1937 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937 to Nov 16, 1937

I last saw him alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	

Other contributory causes of importance:

Was an operation performed? yes Date of Oct 12

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory Date of Oct 12

What test confirmed diagnosis? Exploration Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Hutchins M.D.

(Address) 1227 N. Calvert St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41021

41021

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. mos. 4 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Clara Parnell

If U. S. Veteran specify WAR

(a) Residence: No. 77 Avondale Road - Turner's Ward. Station

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Parnell

6. DATE OF BIRTH (month, day, year) Jan 12th 1888

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
50	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. steel mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eva Parnell

(Address) 77 Avondale Rd.

18. BURIAL, CREMATION, OR REMOVAL Lincoln Memorial Park

Date 11-21 1937

19. UNDERTAKER Archibald C. Gaddis

(Address) 2101 McCausland

20. FILED NOV 20 1937 19 ..., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11. 14. 1937 to 11. 15. 1937

I last saw him alive on 11. 15. 1937 Death is said to have occurred on the date stated above, at 9 37 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus sore throat	11.9.37
Streptococcus septicemia	11.11.37
Other contributory causes of importance:	
Bronchopneumonia, acute	11.13.37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James R. Carr M. D.

(Address) 1515 Hoster St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11022

CERTIFICATE OF DEATH

23 F 11022

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mills (27898) If U. S. Veteran specify WAR

(a) Residence: No. 912 Edmonson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) August 31, 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Nathaniel Beans (BEEMS)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Davenport

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Reedsville Va. Date 11/21 1937

19. UNDERTAKER Saml. W. Chase & Son
(Address) 637 N. Gilmor

20. (Date) NOV 20 1937 Lexington Williams Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 37

22. I HEREBY CERTIFY, That I attended deceased from October 30, 37 November 19, 37

I last saw her alive November 19, 37 Death is said to have occurred on the date stated above at 1:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct. 1937.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH PENDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11023 — F 11023

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. — Registered No. 16-6

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Schroeder — If U. S. Veteran specify WAR World War

(a) Residence: No. 2855 W. Lanvale St., Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Brown

6. DATE OF BIRTH (month, day, year) April 4, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoisting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- 0030

10. Date deceased last worked at this occupation (month and year) Oct. 1936 — 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Schroeder

14. BIRTHPLACE (city or town) (State or country) Saxwyman, Germany

MOTHER

15. MAIDEN NAME Jennie Fogle

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date NOV 22 1937 19

19. UNDERTAKER Geo H Little (Address) 2700 Edmondson Ave.

20. FILED Huntington Millspaugh M.D. Registrar. NOV 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936 to November 19, 1937

I last saw him alive on November 19, 1937. Death is said to have occurred on the date stated above, at 3:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis, spasmodic	1936
Pyonephrosis, chronic	1936

Other contributory causes of importance:

Was an operation performed? yes Date of 5-20-36

For what disease or injury? Cystitis, chronic

Name of operation Cystoscopy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

NOV 20 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41021

CERTIFICATE OF DEATH

137 F 41021

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Smith (George Washington Smith) U. S. Veteran (Specify war)

(a) Residence: No. 317 S. Strieker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Smith

6. DATE OF BIRTH (month, day, year) September 26 1860

7. AGE Years	Months	Days 23	If LESS than 1 day, hrs. or min.
67 years	1 month	24 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Catherine Cheyney

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Son and patient

(Address) 317 Strieker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cemetery Dorsey Md Date 11/20/37

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave.

20. FILED NOV 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/37 19

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1937 to November 19, 1937

I last saw him alive on November 19, 1937 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic dementia	11/16/37

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? Yes Date of 10/4/37 & 11/3/37

For what disease or injury? prostatectomy

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry J. Limbel M. D.

(Address) Lyndenhurst Hospital

EPS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41025

CERTIFICATE OF DEATH

9-9/31 F 41025

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. Hoffman St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Prince

If U. S. Veteran specify WAR .....

(a) Residence: No. 1004 E. Hoffman St ..... St., ... Ward.

(Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced: HUSBAND (or) WIFE of the late John T. Prince

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: Abt. 68; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jack MacNeil

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs. Maynette Holbrow

(Address) 3311 Rosekeny Av

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Cemy Date Nov. 22 1937

19. UNDERTAKER: Henry Thos Scott & Son

(Address) 1301 E Eager St

20. FILED NOV 20 1937 Attesting for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/26/27 1937 to 11/18 1937

I last saw him alive on 11/16 1937. Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 da.
Other contributory causes of importance: Cerebro Arteriosclerosis Cardio-Vascular Renal Disease	?

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Hlum M. D.

(Address) 1206 E Preston St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-93-C

F 41026

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Eutaw Place St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elijah H. Young

(a) Residence: No. 32 Hampden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Young.

6. DATE OF BIRTH (month, day, year) Dec 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ambrose Young, Jr.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mitchell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sadie Young, (Address) 32 Hampden St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/2, 37 19

19. UNDERTAKER Thomas E. Kelson (Address) 1326 Bressman St

20. FILED NOV 2 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Wm. Hamer M. D. Coroner

(Address) 15 Nurse St

Huntington Printing Co.

V 5 6

S. B.—WRITE LEGIBLY, WITH INK. ALL ITEMS SHOULD BE STATED AND ANSWERED. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11027

CERTIFICATE OF DEATH

36 F 11027

1. PLACE OF DEATH South Baltimore Gen. Hosp. — Registered No. 64-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. E. Geisler, Jr. — If U. S. Veteran specify WAR

(a) Residence: No. 1114 E. Fort Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Geisler

6. DATE OF BIRTH (month, day, year) May 12th 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Self 0015

10. Date deceased last worked at this occupation (month and year) Nov 17 1931

11. Total time (years) spent in this occupation 9 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Geisler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Lamm

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Marie C. Geisler
(Address) 1114 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 22 1937

19. UNDERTAKER Charles S. Towell
(Address) 2427 Edmondson Ave

FILED NOV 20 1937 19 ... Registrar

Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1937 to 11-18 1937

I last saw h[illegible] alive on 11-18, 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Staphylococci Septicemia (Staphylococcus albus recovered from blood)	11-10-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify ...

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41028

CERTIFICATE OF DEATH

94-aF 41028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5105 Walther Blvd., St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Hood, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 5105 Walther Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida G. Hood

6. DATE OF BIRTH (month, day, year) March 26, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats

10. Date deceased last worked at this occupation (month and year) Nov. 13, 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas H. Hood, Sr.

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Emma Thieme

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Ida G. Hood,
(Address) 5105 Walther Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 22 1937

19. UNDERTAKER Fredrick Rosenwald
(Address) 7401 Belair Road

20. FILED NOV 20 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1937, to November 19, 1937

I last saw him alive on November 18, 1937 Death is said to have occurred on the date stated above, at 7:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	11-14-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert G. Singewald M. D.

(Address) 1613 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41029 — CERTIFICATE OF DEATH — 11-4 89-B F 41029

1. PLACE OF DEATH (Baltimore Eye & Ear Hospital) Registered No.

CITY OF BALTIMORE: (No. 1214 Eutaw Place St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Klein

(a) Residence: No. 4 Glade Avenue Pasadena, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of not married

6. DATE OF BIRTH (month, day, year) Jan. 5th 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME George Klein

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Henrietta Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore County.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Nov. 23 1937

19. UNDERTAKER Frederick Funeral Home
(Address) Tyson & Eutaw Sts. Huntington Station, N.Y.

FILED NOV 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Nov 19 1937

I last saw her alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Suppurative mastoiditis Right ear	1930

Other contributory causes of importance:

Brain abscess	Nov 1937 (?)
(1) Pt. mastoidectomy	11/37
(2) Craniotomy (temporal)	11-10-37
(3) Craniotomy (occipital)	11-17
(4) Ventricular puncture	11-19 37

Name of operation: Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eleanor Knowles Jr M. D.

(Address) 1214 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

41030 **CERTIFICATE OF DEATH** 27-157-C F 41030

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Woodlea Ave St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Clements

1a) Residence: No. 3804 Woodlea Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Raymond J. Clements

14. BIRTHPLACE (city or town) (State or country) Philipsburg Pa.

MOTHER

15. MAIDEN NAME Alice Vedits

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. Raymond J. Clements
(Address) 3804 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 22 1937

19. UNDERTAKER Leadbeater Funeral Home
(Address) 7 E. Preston St.

FILED Nov 20 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blue Baby (Patent Foramen Ovale)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gustave A. Wolf M. D.

(Address) 6801 Eclair Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 I F 41031

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 151 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Gordon

(a) Residence: No. 1356 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Gordon

6. DATE OF BIRTH (month, day, year): Sept 3, 87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	V	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sunday Sanatorium

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westmoreland Va.

FATHER

13. NAME: Benjamin Gordon

14. BIRTHPLACE (city or town) (State or country): Westmoreland Co Va

MOTHER

15. MAIDEN NAME: Winney Travers

16. BIRTHPLACE (city or town) (State or country): Westmoreland Co Va

17. INFORMANT: Annie Ringgold (sister)
(Address) 1366 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 20, 37

19. UNDERTAKER: Mrs Kate R Williams
(Address) 322 N Schroeder St

NOV 20 1937

[illegible] Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-17-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-2-37 . 19 . to 11-17-37 . 19

I last saw h[illegible] alive on 11-17-37 . 19 Death is said to have occurred on the date stated above, at 5[illegible] 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of left popliteal artery	?

Other contributory causes of importance:

Aneurysm of left popliteal artery
Syphilis

Was an operation performed? [illegible] Date of

For what disease or injury?
Aneurysm of popliteal artery left 10-16-37
Gangrene of left foot 11-9-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George W. Gamse M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

S. 20-8 94-B F 41032

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Augusta ave St. Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen A Brandenburg

If U. S. Veteran specify WAR

(a) Residence: No. 110 Augusta Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Margaret Brandenburg

6. DATE OF BIRTH (month, day, year) Nov 23 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME George Brandenburg

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emelia Brandenburg

(Address) 110 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 20 1937

19. UNDERTAKER F. Vernon Kephart

(Address) 2301 Edmondson Ave

20. FILED Nov 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1934 to Nov 18, 1937

I last saw him alive on Nov 16, 1937 Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marked Arteriosclerosis with hypertension	4 yr.
Fatty degeneration of cardial muscle due to coronary thrombosis	4 yrs
Other contributory causes of importance: Coronary thrombosis	2 hrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dewey F. Alexis M. D.

(Address) 336 Fredericktown

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 20 1937

V S 2

11033 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #28078

F 11033

CERTIFICATE OF DEATH

19-182-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City hospitals St., unknown Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred A yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Watkins

If U. S. Veteran specify WAR

(a) Residence: No. 514 N. Parrish St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgianna

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rhode Island

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Isabelle ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date November 22 1937

19. UNDERTAKER Joseph A. Lyerly

(Address) 4099 Mount Street

20. FILED NOV 20 1937 19 Huntington Miss. Registrar.

L H G

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1937 to November 16, 1937

I last saw him alive on November 16, 1937. Death is said to have occurred on the date stated above, at 11 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-1-37
Other contributory causes of importance:	
Cerebral hemorrhage	11-1-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. DeSautelle M. D.

(Address) Baltimore City Hospitals

N.F.

V9 3

Information asked for in reference to cause of death is required by law; its value depends upon its completeness and accuracy. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11031

CERTIFICATE OF DEATH

23433 JS

9-948

F 11031

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Savannah Goldman

(a) Residence: No. 1304 N. Spring St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Goldman

6. DATE OF BIRTH (month, day, year) 3-19-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Booth

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Thomas

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11-20-37

19. UNDERTAKER Mrs. George A. Harland

(Address) 1621 Druid Hill Ave

20. FILED 19 Huntington Williams Registrar

NOV 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8-37, 19 to 11-15, 19 37

I last saw her alive on 11-15, 19 37 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with metastasis	2yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Brantegan M. D.

(Address) Baltimore City Hosp.

Information should be carefully supplied. Any blanks which cannot be answered should be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1937 525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41035

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. X St., 7-3 Ward) 46E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Tyler Jr

If U. S. Veteran specify WAR

(a) Residence: No. 319 Bourbon St., Ward. Havre de Grace Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-21-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Philip Tyler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grace Broadwood

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Havre de Grace Date Nov. 22 37

19. UNDERTAKER R. Madison Mitchell

(Address) Havre de Grace Md

20. FILED NOV 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937 to Nov 19, 1937

I last saw him alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of liver - Carcinoma ?	??
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clifton M. Kelsey M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11036 11036

CERTIFICATE OF DEATH

17-293-D

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1239 Division St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eddie Deveter

(a) Residence: No. 1239 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Deveter

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Waters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Deveter
(Address) 1239 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 11/20/37 19

19. UNDERTAKER Harold L Brown & Son
(Address) 914 W Monument St

20. FILED 1937 Huntington Perrine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12th 1937 to Nov 17th 1937
I last saw her alive on Nov 17th 1937 Death is said to have occurred on the date stated above, at 11.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	Nov 12/37
Other contributory causes of importance:	
Ex haustion	Nov 16/37

Name of operation none Date of .....

What test confirmed diagnosis? Clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. H. Lauenbach M. D.

(Address) 2215 St Paul St

M. D. B.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11037

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 187

CITY OF BALTIMORE: (No. Bay View St. 15-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sybil Winans — If U. S. Veteran specify WAR

(a) Residence: No. 1744 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph Winans

6. DATE OF BIRTH (month, day, year) June 15 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Bowles

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Elizabeth Winans
(Address) 1744 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 20 1937

19. UNDERTAKER F. B. Hopper & Son
(Address) 130 Eutaw Place

FILED 19 Municipal Register

NOV 21 1937
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	10 days
Chronic Bronchitis	Years
Senile Psychosis with Delirium	Years
Other contributory causes of importance:	
Fracture Mid Left femur	10 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 7, 1937

Where did Injury occur? 1744 W. North Ave.
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of injury Slipped and fell in bath room

Nature of Injury Fracture Mid left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 W. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41038

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 E. Fort Ave. St., 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R. Buckman

If U. S. Veteran specify WAR

(a) Residence: No. 630 E. Fort Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Buckman

6. DATE OF BIRTH (month, day, year) Feb. 9, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Lusby

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherin Joy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Buckman

(Address) 630 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 22 19 37

19. UNDERTAKER Chas P. Sturm

(Address) 1601 E Fort Ave

20. FILED NOV 22 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Fracture of R. Arm	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 14, 37

Where did injury occur? 630 E. Fort Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps in Home

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1937

U S 6

F 41033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41033

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Haubert St. 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phyllis D Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 1227 Haubert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Child

6. DATE OF BIRTH (month, day, year) Aug 4. 1937

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Phil Plawski

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Julia Jacobs

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Julia Jacobs

(Address) 1227 Haubert St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Nov 22 1937

19. UNDERTAKER Chas L Fornwalt

(Address) 1501 E Fort Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/30/37 to Nov 20 1937

I last saw h alive on Nov 20 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho pneumonia	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) J H Baranco M. D.

(Address) 436 E Fort

Information should be carefully supplied. Any error or omission is a misdemeanor. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

Diesu

F 41040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41040

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 266 S. Robinson St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carmeno Diesu

(a) Residence: No. 266 S. Robinson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Diesu

6. DATE OF BIRTH (month, day, year) Sept 9 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Diesu

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Teresa Benetetta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Laura Petrone

(Address) 149 S Robinson

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 22 1937

19. UNDERTAKER Frank V. Petrone

(Address) 215 S Eaton St

FILED ..... 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased (from Nov. 8 1937 to Nov 18 1937

I last saw him alive on Nov. 18 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Senile Acute Colitis — Date of onset 2 wks

Other contributory causes of importance:

Old age

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Valentine M.D.

(Address) 16 South Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MOTHER

15. MAIDEN NAME Teresa Pinciotta

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Laura Lytone

Address) 1?? E Fayette

CREMATION, OR REMOVAL

Date Nov 22 1937

Frank T. Tipton

1515 E Baltimore St

Registrar

Hamilton Mortuary

331

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph L. Valentine M.D.

(Address) 16 South Broadway

AACo. 5-31 250B

E 11041

HEALTH DEPARTMENT CITY OF BALTIMORE

E 11041

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1530 Linden ave 4-1 Ward)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hammond Abbatt

(a) Residence: No. 1530 Linden ave Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William abbatt

6. DATE OF BIRTH (month, day, year) Sept 11-1846

7. AGE Years 91 Months 2 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. T. Hammond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hartman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Claude Abbatt

(Address) Owings Mills, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hampstead, Md. Date Nov 22 1937

19. UNDERTAKER Frank Tipton

(Address) Hampstead, Md

20. FILED , 19 Registrar.

NOV 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1937 to 11-19 1937

I last saw h alive on 11-19 1937 death is said to have occurred on the date stated above, at 9.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Broncho-pneumonia	

Other contributory causes of importance:

Senility	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard Cohen M D

(Address) Manchester apts

E

PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11042

11042

CERTIFICATE OF DEATH

93-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Wood brook St., Ave 43-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth 40 yrs. mos. da.

2. FULL NAME Isay Sopher

If U. S. Veteran specify WAR

(a) Residence: No. 3513 Wood brook St. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 203 W

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Windsor Mill Rd Date 11-24- 19 37

19. UNDERTAKER Jos. S. Levy Inc

(Address) 1437 E. Baltimore St

20. FILED ..... 19 .....

Registrar.

NOV 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-37 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1937 to Nov. 19, 1937

I last saw him alive on Nov. 9, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Clinical & Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney D. Levy M. D.

(Address) 2324 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11043

11043 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 W. Carey St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Johnson

(a) Residence: No. 302 W. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Maud Johnson

6. DATE OF BIRTH (month, day, year) July 3 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 20-40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Maryland

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Balt Maryland

17. INFORMANT Mrs Maud Johnson

(Address) 302 W. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 22 1937

19. UNDERTAKER James E. Hayes

(Address) 1232 Riggs St.

20. FILED Nov 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Nov 18 1937

I last saw him alive on Nov 18 1937. Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	

Other contributory causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Rawlins M. D.

(Address) 803 W. Fayette St

OV 2-133

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 130

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Luther Bentley

(a) Residence: No. Lutherville St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) April 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Red Cross Drug Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME David Bentley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Frances Bentley
(Address) Lutherville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Post Date 11-21-37 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular nephritis (Chronic nephritis)	

Other contributory causes of importance:
Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Urine Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner
(Address) 1912 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

41045 E 41045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Page

If U. S. Veteran specify WAR .....

(a) Residence: No. 549 Lauren St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anderson

6. DATE OF BIRTH (month, day, year) Feb. 24 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) December 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Della Hollman
(Address) 549 Lauren St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Pk. Date Nov. 22 1937

19. UNDERTAKER Mrs George H. Hodson
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 .....
(Registrar)

W 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/3 1937 to 11/20 1937

I last saw her alive on 11/20 1937 Death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Carcinomatosis	5/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/5/37

For what disease or injury? Carcinoma of Breast

Name of operation Radical Mastectomy

What test confirmed diagnosis? Slides Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Jackson M. D.

(Address) Provident Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41046 Caroline Virginia Sinclair F 41046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Hop. Hospital St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Caroline Sinclair

(a) Residence: No. 2634 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 29 1857

7. AGE: Years 80 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Perry Sinclair
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Mary Shorb
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Phillip Sinclair
(Address) 2534 E. Lafayette St Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov. 22. 1937

19. UNDERTAKER: Stewart & Hoover Company
(Address) 1031 Mt Royal Ave

FILED NOV 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Caused by burns as below	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 7, 1937
Where did injury occur? 2634 E. Baltimore St Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury ?
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 215 Hanover Coroner

NOV 21 1937

F 41047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41047

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 9-8

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Elmer E. Dappish

(a) Residence: No. 926 E. 20th St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) August 26, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. A. Conway Inc.

10. Date deceased last worked at this occupation (month and year) Oct. 1, 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Dappish

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella Quigley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date NOV-22-1937

19. UNDERTAKER Steward Mortuary Company.
(Address) 102 W. North Avenue

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937 to November 18, 1937

I last saw him alive on November 18, 1937 Death is said to have occurred on the date stated above, at 2:43 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, lymph node (Hodgkins lymph node sarcoma)	Aug. 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-11-37

For what disease or injury? Cancer, lymph node

Name of operation Biopsy-excision Inguinal gland.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. Wollenweber M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M.D./8

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 a

HEALTH DEPARTMENT—CITY OF BALTIMORE

41048 41048

CERTIFICATE OF DEATH

26

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Balto Gen Hosp St., 24 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Viehmeyer

If U. S. Veteran specify WAR

(a) Residence: No. 1513 Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth E. Viehmeyer

6. DATE OF BIRTH (month, day, year) Dec. 31, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner & Dyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick Viehmeyer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary E. Rush

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth E. Viehmeyer
(Address) 1513 Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorden Pk Date Nov. 22, 37

19. UNDERTAKER A. Howard Evans
(Address) 1500 ~~Eutaw St~~ Edmondson Ave

20. FILED 19 Registrar

NOV 21 1937 Huntingdon Pennsylvania, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1937, to 11/19, 1937

I last saw him alive on 11-19, 1937 Death is said to have occurred on the date stated above, at 1:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	
Other contributory causes of importance: Both Diseases	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Elton Resweb, M. D.
South Balto Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 41049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41049

34-a108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. 22-1 WARD)-

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grace V. M. Geisler

(a) RESIDENCE NO. 711 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15, 1936

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Geisler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Virginia O. Riddle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Geo. Co., Md.

14 Informant Virginia O. Geisler (Mother)

(Address) 711 Light St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1937, to Nov. 19, 1937, that I last saw her alive on Nov. 19, 1937, and that death occurred, on the date stated above, at 3:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) W. T. Bayne, M. D.

19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Nov. 22 1937

20 UNDERTAKER A. Howard Evans ADDRESS 140 S. Schaler

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 41050

41-5308
337308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., X Ward) 7-5

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stella T Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. Clarksburg St., ... Ward. Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene

6. DATE OF BIRTH (month, day, year) 9-23-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Evenwright Templin

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Missouri Blacker

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Eugene T Brown

(Address) Clarksburg Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Clarksburg Ohio Date Nov 23 1937

19. UNDERTAKER ~~Chas Mitchell Jones~~

(Address) 900 Eutaw Place

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937 to Nov 21, 1937

I last saw her alive on Nov 21 19..... Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary Tumor - post operative infection	
Other contributory causes of importance:	
	1937

Was an operation performed? Yes Date of Nov 13, 1937

For what disease or injury? Pituitary Tumor

Name of operation Right Craniotomy - Removal Pituitary Tumor

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James Monroe Hundley III M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

337413 E 41051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37051 — 52

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Warren E Burkley

If U. S. Veteran specify WAR

(a) Residence: No. New Journal Bldg St., ... Ward. Daytona Beach Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Mosam (2)

6. DATE OF BIRTH (month, day, year) 8-31-89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NC

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Oscar Burkley

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Alfreda Repregner

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Daytona Beach Fla 11-23-37

19. UNDERTAKER John O Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar

NOV 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov-13, 1937 to Nov 20, 1937

I last saw him alive on Nov 20, 1937 Death is said to have occurred on the date stated above, at 11 50 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
MELANOTIC SARCOMA	Aug 1937

Other contributory causes of importance:

Metastasis to spleen, kidneys & lungs

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Leslie H Bowditch, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41052

41052 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Camel St. 11-4 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Caroline Cooper

1a) Residence: No. 337 Camel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Cooper

6. DATE OF BIRTH (month, day, year) Jan 21, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own employer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Montgomery Co Md

FATHER

13. NAME Daniel E. Budd

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

MOTHER

15. MAIDEN NAME Lydia A Cook

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

17. INFORMANT Dorothy Bantom (Friend)
(Address) 337 Camel St

18. BURIAL, CREMATION, OR REMOVAL
Place Sandy Springs, Md Date Nov 21 1937

19. UNDERTAKER Chas. H. Cooper
(Address) 514 N. Calhoun St.

20. FILED ... 19 ... Registrar

NOV 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3 1937 to Nov 17 1937

I last saw her alive on Nov 17 1937. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Oct 37

Other contributory causes of importance:

None

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pelletier M. D.

(Address) 817 Hamilton Ter

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 2

F 41053

41053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Bessie T. Williams

(a) Residence: No. 2501 W North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Herbert Williams

6. DATE OF BIRTH (month, day, year) March 9 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Play ground Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. L. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis D Thomas

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Sarah A Browne

16. BIRTHPLACE (city or town) (State or country) Rock Hall Kent Co Md

17. INFORMANT Trisby F Thomas
(Address) 200 Paddington Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Nov 23 1937

19. UNDERTAKER Chas G. Black
(Address) 742 W. North Ave

20. FILED Nov 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from October 28 1937 to November 20 1937

I last saw her alive on November 19 1937 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Generalization of the liver	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1936

For what disease or injury? Carcinoma of rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Thomas M. D.

(Address) Woodlawn, Baltimore Co.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nov 27 1937

F 41051 ✓ F 41051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Presstman St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Stier

If U.S. Veteran penalty WAR

(a) Residence: No. 2910 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie M. Stier

6. DATE OF BIRTH (month, day, year) February 27, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Foreman Passenger Car Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Shops

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (Years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Josevus Stier

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Louisa Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mr. Wilbur Lehoy Stier
(Address) 2910 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 23 19 37

19. UNDERTAKER A. B. Cook
(Address) 1003 N. Baltimore St.

20. FILED NOV 21 1937 19 Henry J. Pfeifer, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to Nov 20, 1937.
I last saw him alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute Dilatation of Heart	✓
Other contributory causes of importance: General Arterio sclerosis	✓

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Julian L. Woodward, M. D.

(Address) 1219 Poplar Grove St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41055

41055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 9-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Joyce Ann Schauman

(a) Residence: No. 1713 Montpelier St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 5, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John E. Schauman, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Vivian Love

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Wm. F. Love

(Address) 2546 Harvard Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 22nd, 1937

19. UNDERTAKER J. B. Cook

(Address) 1005 N. Baltimore St.

20. FILED 19 Form

NOV 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1937, to Nov 19, 1937

I last saw her alive on Nov 19, 1937 Death is said to have occurred on the date stated above, at 3 45/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	11-9-37
Broncho-pneumonia	11-14-37
Other contributory causes of importance: Chorea	11/14/37

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Gilbert E. Rudisill, M. D.

(Address) St. Joseph Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41056 Peregoy ✓ E 41056

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Woodbrook Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George H Peregoy

(a) Residence: No. 2513 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 days ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodlawn Md

FATHER

13. NAME John C Peregoy

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Julia Smith

16. BIRTHPLACE (city or town) (State or country) Woodlawn Md

17. INFORMANT Mr Chas Peregoy

(Address) 2513 Woodbrook

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 22. 1937

19. UNDERTAKER S Block

(Address) 1003 Baltimore St

20. FILED NOV 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11/19/37

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.
Coroner

(Address) Coroner

V 8 6

41057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41057

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Collins Ave. 70-8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A Epp

If U. S. Veteran specify WAR

(a) Residence: No. 232 S. Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~) of Lena Epp

6. DATE OF BIRTH (month, day, year) July 10 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1932

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fireman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Epp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Epp

(Address) 232 S. Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 22/37

19. UNDERTAKER C. B. Shubert Son

(Address) 1300 Eutaw Place

20. FILED 19

NOV 21 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 25 Oct 1937 to 19 Nov 1937

I last saw him alive on 19 Nov 1937 Death is said to have occurred on the date stated above, at 12-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholangitis (Infiltrative)	1935

Other contributory causes of importance:

none

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Jaundice etc Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Bruce Hooper M. D.

(Address) 2565 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

41058 F 41058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 23

CITY OF BALTIMORE: (No. 306 West Cold Spring Lane Ward) 27-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hugh J Hughes — If U. S. Veteran specify WAR No Record

(a) Residence: No. 306 West Cold Spring Ward. 27 th-
(Usual place of abode) 25yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. WHETHER SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nannie Alice

6. DATE OF BIRTH (month, day, year): June 6-1872

7. AGE: Years 65 | Months 5 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roland Pk Co
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Delta Pena

FATHER

13. NAME: William R Hughes
14. BIRTHPLACE (city or town) (State or country): Wales Engl and

MOTHER

15. MAIDEN NAME: Ann Hughes
16. BIRTHPLACE (city or town) (State or country): Wales England

17. INFORMANT: Nannie A Hughes
(Address) 306 W Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place: Waterville Pa Date: Nov 23 37

19. UNDERTAKER: Norman Cook
(Address) 1217 St Paul St

20. FILED: NOV 22 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov - 20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Nov - 20 . 1937

I last saw him alive on Nov. 20- 1937. Death is said to have occurred on the date stated above, at 6.59 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 5/6/37

Was at Dallas Ville Sept. 7 1936 to July 5-1937

Other contributory causes of importance:

Was an operation performed? No — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? X-Ray — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gibson Porter M. D.

(Address) 4022 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

41059

HEALTH DEPARTMENT—CITY OF BALTIMORE

41059

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 200 E. Read St. 11-1 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Alice Parker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 200 E. Read St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of George H. Parker

6. DATE OF BIRTH (month, day, year) July 10th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
X	X

12. BIRTHPLACE (city or town) (State or country) East Aurora N.Y.

FATHER

13. NAME John W. Perry

14. BIRTHPLACE (city or town) (State or country) East Aurora N.Y.

MOTHER

15. MAIDEN NAME Alice McCumber

16. BIRTHPLACE (city or town) (State or country) South Wales N.Y.

17. INFORMANT George H. Parker

(Address) 200 E. Read St

18. BURIAL, CREMATION, OR REMOVAL

Place East Aurora N.Y. Date Nov 22nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ... 19... Registrar

NOV 22 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937, to Nov. 20, 1937

I last saw her alive on Nov 19 1937. Death is said to have occurred on the date stated above, at 10:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11-19-37

Other contributory causes of importance:

General arterio-Sclerosis

Diabetes.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos E. Nolan M. D.

(Address) 3 W. Biddle St

11060 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11060

CERTIFICATE OF DEATH 28-02 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Alfonse Debring

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 3022 E. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Debring

6. DATE OF BIRTH (month, day, year) 11-19-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	0 0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Retired

9. Industry or business in which work was done, as saw mill; bank, etc. Baltimore National Warehouse Co

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ancoly ? Anton Debring

14. BIRTHPLACE (city or town) (State or country) Europe Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 11/24/37

19. UNDERTAKER J. M. Cook
(Address) 1214 E. Fayette St.

20. FILED Nov 24 1937 William [illegible], Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1937, to November 21, 1937.

I last saw him alive on November 21, 1937. Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-18-37
Other contributory causes of importance:	
	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

1937 0 12

E 41061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41061

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2519 West Fayette St., 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Miller

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2519 West Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie S. L. Miller

6. DATE OF BIRTH (month, day, year): April 1-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing Cutter

9. Industry or business in which work was done, as mill, saw mill, bank, etc.: Store Hamberger's

10. Date deceased last worked at this occupation (month, year): 1929

11. Total time (Years) spent in this occupation: 23 Yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John G. Miller

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christena Fetrey

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Carrie S. L. Miller

(Address): 2519 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 22 1937

19. UNDERTAKER: William Cook

(Address): 1217 St Paul Street

20. FILED: NOV 22 1937 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1936 to 20 Nov, 1937

I last saw him alive on 20 Nov 1937. Death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Rectum	1936

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 1937

For what disease or injury? Carcinoma

Name of operation Colostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Z. Bruce Cooper M. D.

(Address) 2526 Fayette Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 41062

F 41062 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th & Keswick Road Ward) 13-7

Registered No. 82-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella B. Jordan

If U. S. Veteran specify WAR

(a) Residence: No. 100 W. Susquehanna Ave. St., Ward. (Usual place of abode) Towson, (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced (or) WIFE of J. W. S. Jordan

6. DATE OF BIRTH (month, day, year) Jan. 17, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " (void)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodensburg Maryland

FATHER

13. NAME Charles Jones

14. BIRTHPLACE (city or town) (State or country) Sweepdale Md.

MOTHER

15. MAIDEN NAME Lucinda C. Finkle

16. BIRTHPLACE (city or town) (State or country) West moreland Va

17. INFORMANT Home for Incurable, records

(Address) 40th & Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Gilead Cemetery Date Nov. 22 1937

Woodensburg, Md

19. UNDERTAKER N. W. Measelon

(Address) 804 N. Calvert St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1937 to Nov. 19 1937

I last saw her alive on Nov. 18 1937 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1902
Cerebral hemorrhage	1918
" "	11/19/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bampton Hopkins M. D.

(Address) 217 Med. Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

V 2 3

V 1931

41063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41063

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 W. Pratt St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 148 N. Linwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Anna O. Johnson

6. DATE OF BIRTH (month, day, year) Feb. 27 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT F. A. Johnson (Address) 2904 Calvert st

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Nov. 22 37

19. UNDERTAKER Philip Herwig Sons (Address) 2010 Calvert st

20. FILED ... 19... Registrar

1031

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Nov. 18, 1937

I last saw him alive on Nov. 17, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. C. Thieme M. D.

(Address) 760 E. Fairmount Ave Balto Md

OCCUPATION is very important. See instructions on back of certificate.

F 41064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41064

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Lowenstein

(a) Residence: No. 1701 Darley ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Port.

FATHER

13. NAME David Lowenstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Miller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Lowenstein

(Address) 1701 Darley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Luthern ave Date 11/22/37 19

19. UNDERTAKER Great Lewis Inc

(Address) 1439 E. Baltimore st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis (Ruptured).	

Other contributory causes of importance:

Peritonitis

Was an operation performed? Yes Date of 11/20/37

For what disease or injury? Appendicitis & Peritonitis

Name of operation Appendectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenthal Coroner M. D.

(Address) 1912 E. Baltimore st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

41065

HEALTH DEPARTMENT—CITY OF BALTIMORE

41065

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 11-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte Johnson

(a) Residence: No. Dorsey Rd. Elkridge Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 15, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

MOTHER

13. NAME Charles Johnson

FATHER

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Mabel Wright

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Charles Johnson
(Address) Dorsey Rd Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy Cemetery Date 11-22-37 19

19. UNDERTAKER Mary E Starr
(Address) Ellicott City Md

NOV 22 1937

Huntington Williams, M.D.

(GPG)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1937 to 11/19/37 19

I last saw h.e.r alive on 11-19-37 19 Death is said to have occurred on the date stated above, at — p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Empyema (Streptococcus type 2)	11-8-37
Pneumonia Rt. (Base)	?

Other contributory causes of importance:

Was an operation performed? yes Date of 11-15-37

For what disease or injury? Empyema

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roland E. Bilen M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41066

CERTIFICATE OF DEATH

93-C 41066

Registered No. 7-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 837 N. Modena St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? 74 yrs. mos. ds.

2. FULL NAME John Berry
If U. S. Veteran specify WAR

(a) Residence: No. 837 N. Modena St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Berry

6. DATE OF BIRTH (month, day, year) May 6, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfr
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

FATHER
13. NAME John Berry
14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Mary Joffee
(Address) 837 N Modena St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 24 1937

19. UNDERTAKER Frank Brach & Son
(Address) 1906 Eastland Ave.

20. FILED ..... 19.... ..... Registrar.

NOV 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937 to Nov 21, 1937
I last saw h alive on Nov 20, 1937 Death is said to have occurred on the date stated above, at 10 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Broncho-pneumonia	7 days

Was an operation performed? Yes Date of
For what disease or injury?
Name of operation Uterus (Fundus) Was there an autopsy? No
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) Vincent V. Sooka M. D.
(Address) 845 N. Patterson Pk Ave

OCCUPATION is very important. See instructions on back of certificate.

11067

F 11067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 8—7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Junius Knight

If U. S. Veteran specify WAR

(a) Residence: No. 1104 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckville Va. Va

FATHER

13. NAME Robert Knight

14. BIRTHPLACE (city or town) (State or country) Buckville Va.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Buckville Va.

17. INFORMANT Harriett Dalton

(Address) 1104 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Nov 22 . 1937

19. UNDERTAKER Robert E. Williams

(Address) 1515 Mc Cullough

20. FILED . 19 Registrar.

NOV 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schenker Coroner M. D.

(Address) 1717 E. Monument St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

F 41068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41068

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dietz — If U. S. Veteran specify WAR

(a) Residence: No. 843 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Hattie Dietz

6. DATE OF BIRTH (month, day, year) April 15-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City truck

10. Date deceased last worked at this occupation (month and year) Nov. 13 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Dietz (dead)

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Amelia Vogel

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT Joseph E. Dietz
(Address) 2017 E. Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mayland Pk. Date 11/23 1937

19. UNDERTAKER Richard F. Burley
(Address) 7008 E. North Ave.

20. FILED NOV 27 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Coroner's Inquiry) thereon and from the evidence obtained by said Inquest (Inquest or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 year
Sprain left Ankle (Injury)	About 1 hour before death
Other contributory causes of importance: Influenza	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 22 1937

Where did injury occur? City truck
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell over a tree stump

Nature of injury Sprain of left Ankle

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify As truck helper

(Signed) Chas. E. Woolf M. D. Coroner

(Address) 1712 N. Bond St.

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

F 41063

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~David~~ 1322 W. Lexington St. Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David. B Chambers

If U. S. Veteran specify WAR

(a) Residence: No. 322 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	W.	Widowed.

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Nannie A. Chambers

6. DATE OF BIRTH (month, day, year) June 16 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Nov 24 1937

11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME John Chambers

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Margaret Hutchens

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT Miss Bertha M. Chambers

(Address) 2648 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date NOV 22 1937

19. UNDERTAKER Geo W Little

(Address) [illegible]

20. FILED NOV 22 1937, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin J Hanna M. D. Coroner

(Address) 157 W Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1937

V S 6

M. D. B. 1268-9

F 41079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓48 F 41079

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Dukeland St., 16-7 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beulah Still Gunson

(a) Residence: No. 1203 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Walter F Gunson

6. DATE OF BIRTH (month, day, year): Nov 13 1887

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
50		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Stanley F Still

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Lizzie Cushing

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Walter F Gunson Jr
(Address): 1203 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov 22 1937

19. UNDERTAKER: John Ullrich
(Address): 2008 Orleans St

20. FILED: NOV 22 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 20 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935 to November 20, 1937

I last saw her alive on November 18, 1937 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	Sept 1935
Other contributory causes of importance: Cachexia & anuria	

Name of operation: Biopsy, Cervix Date of: 1935

What test confirmed diagnosis: Pathological Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Wolcott Kennard M. D.

(Address) 1738 E 34th St

OCCUPATION is very important. See instructions on back of certificate.

E 41071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41071

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St., B 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1032 Eutaw St. St., B² Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 8, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mattie Price

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date NOV 22 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ..... 19..... Registrar.

NOV 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1937 to Oct 8, 1937

I last saw her alive on Oct. 8, 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 41072 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41072

CERTIFICATE OF DEATH

W 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Lafayette Ave St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Rose

If U. S. Veteran specify WAR

(a) Residence: No. 1003 Lafayette ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tom Rose.

6. DATE OF BIRTH (month, day, year) August 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Sept 1937

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thos Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Conway

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie Stewart
(Address) 1003 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11/22/37

19. UNDERTAKER J. E. Nelson
(Address) 1203 Freeman St

20. FILED Nov 22 1937 Huntington Wm. Ellis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-37

22. I HEREBY CERTIFY, That I attended deceased from 11-15-37 to 11-18-37

I last saw h alive on 11-18-37. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-14-37
Other contributory causes of importance:	
Bronchitis	chron

Was an operation performed? (yes or no) Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Typical Histories Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Hawkins M. D.

(Address) 1029 Stricker St.

OCCUPATION is very important. See instructions on back of certificate.

41073 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital 2453 Ward) Registered No. V75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME UnAnown

If U. S. Veteran specify WAR

(a) Residence: No. Un Known St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Un Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 22 1937 19
COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) For H. A. Moore

20. FILED ... 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism & Exposure	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. R. Miller M. D.

(Address) 2757 N. Monroe St.

STATE CAUSES OF DEATH in plain terms. Do not use abbreviations. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

V 75 1937 Transcription Error

3869 14

F 11071

11071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Paca St. St. 14 - 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Joyce

(a) Residence: No. 106 S. Paca St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL NOV 22 1937
Place Interment Commissioner of Health, 19

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) And that said deceased came to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

Probably Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. Harrell, M. D.
Coroner

(Address) 1737 W. Lexington

OCCUPATION is very important. See instructions on back of certificate.

V 5 6

St. 5.3 17

F 41075

41075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-8-78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-44 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Mossaro (24839)

If U. S. Veteran specify WAR

(a) Residence: No. 1033 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ??

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Marjorie

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 22 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. Filed 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937 to November 13, 1937

I last saw him alive on November 13, 1937 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Lung abscess	Nov. 1937.
Other contributory causes of importance: Lung abscess.	Jan 1937.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 41076 ✓ F 41076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Avon Ave St. Ward) Registered No. E 9-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary B. Thim

(a) Residence: No. 3212 Avon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~John B. Thim~~

6. DATE OF BIRTH (month, day, year): Aug 22, 1857

7. AGE: Years 79 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Miss Bessie Thim

(Address) 3212 Avon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 23, 1937

19. UNDERTAKER: John A. Thoran

(Address) 5000 E. Balto St.

20. FILED: NOV 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11 - 20 -, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937 to Nov. 20, 1937

I last saw her alive on Nov. 20, 1937 Death is said to have occurred on the date stated above, at 12 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12 day

Other contributory causes of importance:

Senility

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Sybert M. D.

(Address) 2802 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11077

CERTIFICATE OF DEATH

46-E F 11077

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1917 Forest Park Ave. St. 25-3 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances M. Peddicord

If U. S. Veteran specify WAR .....

(a) Residence: No. 1917 Forest Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter A. Peddicord

6. DATE OF BIRTH (month, day, year) March 1st. 1878.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brookville, Md.
(State or country) Montgomery County

FATHER

13. NAME James Conner

14. BIRTHPLACE (city or town) Howard County
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jane Jones

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Walter A. Peddicord
(Address) 1917 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill. Wash. D.C. Date 11/23/37

19. UNDERTAKER Frederick A. Cole
(Address) 1200 Lombard St.

FILED 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from June 37, 19 ... to Nov 20/37, 19 ...

I last saw h.. alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ~~stomach~~ - liver - ~~stomach~~ Pancreas	?
Other contributory causes of importance: Carcinoma of pancreas - stomach - liver - (metastatic)	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None attempted - X Ray

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter A. Peddicord M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 41078

41078

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1100 Eaton Ave City St., 20-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55- yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Finnegan

(a) Residence: No. 205 South Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME James Finnegan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jenkins Memorial 1100 Eaton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov 23 1937

19. UNDERTAKER Thos. McMurray

(Address) 501 E. 22nd St.

20. FILED 1937 Huntingtown Williams, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Nov. 20, 1937

I last saw h[illegible] alive on Nov. 20 1937 Death is said to have occurred on the date stated above, at 6:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	10-2-37
Arteriosclerotic Cardiovascular Disease	

Other contributory causes of importance:

senility.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence J. Shumaker M. D.

(Address) Jenkins Memorial

OCCUPATION is very important. See instructions on back of certificate.

S. 3

(1107) Grade #25 (1107)

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

213G

1. PLACE OF DEATH Bugeye Emma A. Faulkner

CITY OF BALTIMORE: (No. Pier #9 Canton St. 1-1 Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sanford Williams

If U. S. Veteran specify WAR

(a) Residence: No. Bugeye Emma A Faulk St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored weight 145 ✓	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of :

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster boat

10. Date deceased last worked at this occupation (month and year) Nov 1 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT E. D. Police

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date NOV 22 1937 19

Commissioner of Health

19. UNDERTAKER H. A. Moore

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull Fracture	Nov 1-1937
Left arm severed & Legs Crushed	
Right side of face lacerated	
Profuse Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 1 1937

Where did injury occur? Bugeye Emma A. Faulkner
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Caught in rope of Power Winch

Nature of injury Fracture Etc as above stated.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify At Work as deck hand

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 112 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

Nov 22 1937 Sanford Williams

56 8 14

F 41080 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 41080

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hospital 15-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2218 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Robinson

6. DATE OF BIRTH (month, day, year) Apr. 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Laughlin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Ball

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Husband (Address) (Home address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Nov. 24, 1937

19. UNDERTAKER J. B. Hoppert & Son (Address) 1300 Eastern Ave.

20. FILED NOV 22 1937 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937 to Nov 21, 1937

I last saw h.. alive on Nov 21, 1937. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/19/37
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Lewis, M. D.

(Address) W B&A

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11081 — CERTIFICATE OF DEATH — 124-F 11081

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 12 or Valley St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Smith — If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME Michael Smith
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Christina Beever
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Superior (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov. 23 1937

19. UNDERTAKER Rita Wudenka (Address) 914 Gramercy Ave

20. FILED NOV 22 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, 19... to Nov 21, 1937.
I last saw her alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 10:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cirrhosis of Liver	8 yrs
Other contributory causes of importance: Ascites	9 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation Phys What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. C. Garkus M. D.
(Address) 1114 Harpst

OCCUPATION is very important. See instructions on back of certificate.

F 41082

41082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S. Pulaski St. 20-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rudolph Timme

(a) Residence: No. 323 S. Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Timme

6. DATE OF BIRTH (month, day, year) September 22-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie F. ...

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thos. A. Linkert

(Address) 129 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Cemetery Date Nov 24 37

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave

20. FILED ..... 19..... Registrar.

Nov 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1937 to Nov 22 1937

I last saw him alive on Nov 21 1937. Death is said to have occurred on the date stated above, at 5 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Chr	
Nephritis - Arteriosclerosis	
Hypertension	
Other contributory causes of importance: Pulmonary Oedema	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt E. Hebb M. D.

(Address) 2151 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

V62

11083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Vermont Ave St. 30-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Barbara Miller (nee Bonnet)

If U. S. Veteran specify WAR .....

(a) Residence: No. 4210 Vermont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE OF Dr Charles A. A. J. Miller

6. DATE OF BIRTH (month, day, year) Dec 2nd 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zainesville, Ohio

FATHER

13. NAME John M. Bonnet

14. BIRTHPLACE (city or town) (State or country) Zainesville Ohio

MOTHER

15. MAIDEN NAME Helen Imgenach

16. BIRTHPLACE (city or town) (State or country) Zainsville, Ohio.

17. INFORMANT Dr. Charles A. A. J. Miller

(Address) 4210 Vermont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/23/37 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar .....

NOV 27 1937 Huntington Ohio

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 20 | 37 , 19

22. I HEREBY CERTIFY, That I attended deceased from 11/15 , 1937 to 11/20/37 , 19

I last saw h— alive on 11/19 , 19 37 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A A Lesseliers M. D.

(Address) 4209 Fredericks Ave

OCCUPATION is very important. See instructions on back of certificate.

F 41081

41081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence C. Crutchfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 3022 Edmondson Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Crutchfield

6. DATE OF BIRTH (month, day, year) Sept 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1 2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME Henry Crutchfield

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Eliza Crutchfield
(Address) 3022 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 23, 1937

19. UNDERTAKER John A. Logan
(Address) 3000 E. Balto St

20. FILED ..... 19 .....
Registrar

Nov 23 1937 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Fractur of R. Tibia & Fibula	

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 19, 37

For what disease or injury? Fracture of L. Femur

Name of operation Amputation of L. Leg Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 24 1937

Where did injury occur? 211 N. Eutaw St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell from window while

Manner of injury working

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify .....

(Signed) R. K. Mullin M. D.
Coroner

(Address) 2717 W. Lond Ave

OCCUPATION is very important. See instructions on back of certificate.

11085 F 11085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 a 13454--RHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hospitals St. 26-42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas Stein

If U. S. Veteran specify WAR

(a) Residence: No. unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
about 80 or 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11-23- 1937

19. UNDERTAKER J. J. Dahey & Sons
(Address) 1815 Eighth St

20. FILED 11-22-1937 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to November 13, 1937

I last saw him alive on November 13, 1937 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11-6-37

Other contributory causes of importance:

Arteriosclerosis — unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

41086

HEALTH DEPARTMENT—CITY OF BALTIMORE

41086

CERTIFICATE OF DEATH

18529 49-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Kilkowski

If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Levi Kilkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Margaret Hendry

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11-23- 1937

19. UNDERTAKER J. J. Leahy & Son
(Address) 1315 Light St

20. FILED ... 19... Registrar.

NOV 22 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to November 15, 1937

I last saw him alive on November 15, 1937. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. O. de Santelle M. D.

(Address) Baltimore City Hospitals

✓ F 41087

1087

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28179 46 SEB

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Wheeler

(a) Residence: No. 1103 Ploy St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frences

6. DATE OF BIRTH (month, day, year) ~~1872~~ ? 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 ~~85~~ ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Isiah

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Olivia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date 11/24 19 37

19. UNDERTAKER Charles A Alexander

(Address) 2055 E Fulton St

20. FILED ..... 19 ..... Registrar.

VS. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1937, to November 21, 1937

I last saw h[illegible] alive on November 21, 1937. Death is said to have occurred on the date stated above, at 9 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	August 1927
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

11088 F 11088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28375 (MB) 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Hill

If U. S. Veteran specify WAR

(a) Residence: No. 1229 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 3/4/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sandy Springs Date 11/23 1937

19. UNDERTAKER Charles Alexander
(Address) 1200 McCulloh St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18. 1937. to November 19. 1937

I last saw her alive on November 17. 1937. Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1937

14

F 41089

41089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. X St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ewen MacRae

(a) Residence: No. Woodstock Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Woodstock Md

FATHER

13. Raymond MacRae

14. BIRTHPLACE (City or town) (State or country) Woodstock Md

MOTHER

15. MAIDEN Margaret Smart

16. BIRTHPLACE (City or town) (State or country) Fort Royal Va

17. INFORMANT Raymond MacRae

(Address) Woodstock Md

18. BURIAL, CREMATION, OR REMOVAL

Place Atlanta City Date 11 Dec 37

19. UNDERTAKER H. C. Higginbotham Sons

(Address) Atlanta City Md

20. FILED , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-37 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull (Probable)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11-20 1937

Where did injury occur? Dogwood Rd near Woodstock (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How injury occurred Auto struck control of & turned over

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Bayley Aste M. D.

(Address) 907 N Chas St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

11090 F 11090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David M. Alger

If U. S. Veteran specify WAR

(a) Residence: No. 1419 Morling Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Alger

6. DATE OF BIRTH (month, day, year) April 8, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Harden Alger

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Wm. Alger

(Address) 1419 Morling Ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park, Balto Co. Md. Date Nov 24. 1937

19. UNDERTAKER C. Thompson & Son

(Address) 3615-17 Eastern Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/21/1937

Where did injury occur? Mulberry & Fremont

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Walked into side of street

Nature of injury car

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Norman Coroner, M. D.

(Address) 2757 E. Lex

OCCUPATION is very important. See instructions on back of certificate.

V S 6

1091

33749 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11091

CERTIFICATE OF DEATH X 82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Bickman

If U. S. Veteran specify WAR

(a) Residence: No. 180 W. 31st St. St., Ward. Bayonne N-J-

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida

6. DATE OF BIRTH (month, day, year) 10/9/06

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Supply Mgr.

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 8

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Samuel Bickman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bertha Forman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records -

(Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Baron Hirsch Cem. Staten Island N.Y. Date Nov. 22 1937

19. UNDERTAKER David Sonnesim & Son

(Address) 1902 Eutaw Place

20. FILED , 19 Registrar

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Nov 22 1937

I last saw him alive on Nov 22 1937 Death is said to have occurred on the date stated above, at 10 23-37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extradural Hemorrhage -	
Postoperative	11-20-37
Bronchopneumonia	11-21-37
Other contributory causes of importance:	
Obesity	1930

Was an operation performed? Yes Date of 11-17-37

For what disease or injury? Cerebral Atrophy

Name of operation Craniotomy

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

11092 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11092

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 20 W. Franklin St) (Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify War

2. FULL NAME Ernest Millerson

(a) Residence: No. 11 E. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Nora G. Millerson

6. DATE OF BIRTH (month, day, year) Sept 19th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Manager 008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Prot Assn

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Benjamin Millerson

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Euphemia Young

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Euphemia Millerson (Address) 11 E. Franklin St

18. BURIAL, CREMATION, OR REMOVAL Rose Hill Cumberland Md Date Nov 26th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1937 to Nov. 22, 1937

I last saw him alive on Nov 22 1937 Death is said to have occurred on the date stated above, at 7.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-8-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

U 2-3 1937 [illegible]

11093 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11093

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3215 St. Paul St. 12-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara S. Drecholer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3215 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of William E. Drecholer

6. DATE OF BIRTH (month, day, year) April 21st 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm E. Andrews

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Margaret R. Sibley

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Geo. D. Drecholer
(Address) Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 23rd 37

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED 19 [illegible]

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 37 to Nov 22, 37

I last saw ~~her~~ alive on Nov 21st 1937 Death is said to have occurred on the date stated above, at 12:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) H. L. Reynard M. D.

(Address) 320 W. Saratoga St

11091 HEALTH DEPARTMENT—CITY OF BALTIMORE 11091

CERTIFICATE OF DEATH ✓82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1111 S. Streeper St., 1-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Tyburk
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1111 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3rd 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Tyburk

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER

15. MAIDEN NAME Magdalena Beiston

16. BIRTHPLACE (city or town) (State or country) Frankford Germany

17. INFORMANT Geo. Tyburk
(Address) 1111 S. Streeper st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Nov 24th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED Harry Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Nov 21 1937

I last saw h[illegible] alive on Nov 21 1937. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 15 37
Hypertension	?

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Anthony Tozzo M. D.
(Address) 24[illegible] Preston St.

vs 3

23 1937

F 41095

1095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Arbogast (27351) If U. S. Veteran specify WAR .....

(a) Residence: No. 4975 Edgemere Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) Jan. 13, 1913

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	24	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Robert Heiser

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Flora Richards

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va. Date 11/23/37

19. UNDERTAKER John T. Miller Funeral
(Address) 2435 E. Oliver St

20. FILED NOV 23 1937 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 37

22. I HEREBY CERTIFY, That I attended deceased from October 9, 37 to November 22, 37 19.....
that I last saw h..... alive on November 22, 37 at 10:45 A.M. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset March 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, state how .....

(Signed) W. E. Cassell M. D.
(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

11096 F 11096

CERTIFICATE OF DEATH

10-1 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 E. Eager St St.) (10-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Caroline Holtman

If U. S. Veteran specify WAR

(a) Residence: No. 1240 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	~~Widow~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of of the late Henry Holtman

6. DATE OF BIRTH (month, day, year) Jan.-16-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 Yrs.	10 Mo.	5 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~none~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alois. Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Rodert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Holtman
(Address) 1240 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemy Nov. 25 1937

19. UNDERTAKER Henry Hoelscher, Sons
(Address) 132 E Eager St

20. FILED NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.-21-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1937 to Nov 21 1937

I last saw her alive on Nov 21 1937 11.45 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/20/37
Other contributory causes of importance: Edema Lungs	11/21/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) E. Gill Hall M. D.

(Address) 1031 E Monument

F 11097

HEALTH DEPARTMENT—CITY OF BALTIMORE

11097

CERTIFICATE OF DEATH 26585--CM 139-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospls. St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Cornish

If U. S. Veteran specify WAR

(a) Residence: No. 1228 Etting St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles (D)

6. DATE OF BIRTH (month, day, year) 8-11-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME James D. Brooks

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary Rawlings

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Records of Balto. City Hospls.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov. 25 1937

19. UNDERTAKER James A. Stapp
(Address) 1142 Hilldale

20. FILED NOV 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1937, to 11-21, 1937

I last saw her alive on 11-21, 1937. Death is said to have occurred on the date stated above, at 10 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	Unknown
Granuloma Inguinale	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-20-37

For what disease or injury? Granuloma Inguinale

Name of operation Cauterization of Vulva

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41098 — 108 F 41098

Registered No.

1. PLACE OF DEATH Mercy Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 1 (Ward) 1

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Lutz

(a) Residence: No. 905 S. Carey St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Apart

6. DATE OF BIRTH (month, day, year) April 16 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 11/23/37

19. UNDERTAKER J. B. Fyda (Address) 1258 Hudson St

20. FILED 1937 Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/1937

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1937 to 11/19, 1937

I last saw h. alive on 11/17, 1937 Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Right lower lobe) — Date of onset

Other contributory causes of importance: Toxemia

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

VS 3

41093 HEALTH DEPARTMENT—CITY OF BALTIMORE 41093

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-8 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country) .....

17. INFORMANT ..... (Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date .....

19. UNDERTAKER Harry A Luttle

(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Nov 20 1937

I last saw him alive on Nov. 18 1937 Death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
C Hyp Pulmonic	Dec 1934
Pneumonia Terminal Hypostatic	Nov 18 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

va 8

41100

F 41100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH 1222 Hanover Street

CITY OF BALTIMORE: (No. 23-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Brockemyer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1222 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie L Brockemyer

6. DATE OF BIRTH (month, day, year) Jan 13—1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work (Never a farmer, sawyer, laborer, etc.) Chief Engineer

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc. Steamship Co

10. Date deceased last worked at this occupation (month and year) 8 Mo ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Frederick Brockemyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Elizabeth Schumann

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Nellie L. Brockemyer

(Address) 1222 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Nov 23 1937

19. UNDERTAKER John T. Denny

(Address) 710 Light St

20. FILED 19 by Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20— 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left ankle	Oct 4 37
Other contributory causes of importance: Lobular Hypostatic Pneumonia	Nov 15

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury Oct 4 1937

Where did injury occur Hanover & Hunt Street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile

Nature of injury Fractured ankle

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Julius H. Gurley Auto. M. D. Coroner

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

41101 F 41101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28294 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 22-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy Smith

If U. S. Veteran specify WAR

(a) Residence: No. 611 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 6/8/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Harriet Harber

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT N. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 11/22/37

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St.

20. FILED 19 Registrar.

NOV 23 1937 Huntington/Wheeler, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1937 to November 20, 1937

I last saw him alive on November 20 1937 Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	11-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lamater M. D.

(Address) Baltimore City Hospitals

41102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 41102

CERTIFICATE OF DEATH 2822 V LMB 54 E 107 W

1. PLACE OF DEATH

Registered No. 12-4-53

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Evans

If U. S. Veteran specify WAR ...

(a) Residence: No. 312 22½ Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (illegible)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Robert Evans

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Weston

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/23 19 37

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED NOV 23 1937 19... Registrar (illegible)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19 1937

22. I HEREBY CERTIFY, That I attended deceased from November 12 1937 to November 19 1937

I last saw him alive on November 19 1937 Death is said to have occurred on the date stated above, at 5.6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-12-37
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Reinhold M. D.

(Address) Baltimore City Hospitals

41103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41103

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Alameda Blvd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Stallman

If U. S. Veteran specify WAR

(a) Residence: No. 2710 Alameda Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav A Stallman

6. DATE OF BIRTH (month, day, year) Nov 6 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Polster

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) X

17. INFORMANT Gustave Stallman

(Address) 2710 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL Maryland Park Nov 26-37

19. UNDERTAKER J. E. D. Sterr & Son

(Address) 1911 Eutaw Place

20. FILED Nov 23 1937 Registrar

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937 to November 22, 1937

I last saw her alive on November 21 1937 Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Nov 1-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph Sandler M. D.

(Address) 2348 Eutaw Place

41101 F 41101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hospital Da 210-M

CITY OF BALTIMORE: (No.) St. 27 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Vernon Joseph Moffett

(a) Residence: No. 2820 Kentucky ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10 - 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Helen Zak

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Helen Zak

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Helen Zak

(Address) 2819 Kentucky

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 11/26/37

19. UNDERTAKER [illegible]

(Address) [illegible] Williamsport, Md.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracskull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Injury 11/21/37

Where did injury occur? Belvedere & Pelham ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How injury occurred Struck by auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hilton Stanley Autz M. D.

Coroner

(Address) 907 N Charles

OCCUPATION is very important. See instructions on back of certificate.

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11105 E 11105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hopkins Hosp. X — 7-5 — 210-M

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Joseph Gattus

(a) Residence: No. 249 A. North Point Road St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Tena Gattus

6. DATE OF BIRTH (month, day, year): March 19, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
49	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hungaria

FATHER

13. NAME: Walenty Gattus

14. BIRTHPLACE (city or town) (State or country): Hungaria

MOTHER

15. MAIDEN NAME: Labuda

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Tena Gattus
(Address): Box 249 A. North Point Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Ht. Of Mary Nov. 25, 1937

19. UNDERTAKER: Fred W. Brazenski
(Address): 1930 Eastern Ave.

20. FILED ____, 19____ ____ Registrar

Nov 1937 Remington Pharmacy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nove. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fractured skull	
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ____ Date of injury 11/21, 37

Where did injury occur? Jones Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto struck over

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Hubert B. Gurley, Auto, M. D.
Coroner

(Address) 9-7 N Charles

F 41106 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41106

CERTIFICATE OF DEATH

Registered No. 108 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Turner Simms

(a) Residence: No. 1309 E. Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ette

6. DATE OF BIRTH (month, day, year) 7/3/~~1900~~ 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~35~~	35	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Noah Simms

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wilson N.C. Date 11-24 1937

19. UNDERTAKER Mrs. R. C. Elliott - Daughter
(Address) 1129 N. Caroline St.

20. FILED NOV 23 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937, to November 21, 1937

I last saw him alive on November 21, 1937. Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-14-37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. De Santella, M. D.

(Address) Baltimore City Hospitals

11107 E 11107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 Waldo St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Dennis

(a) Residence: No. 1619 Waldo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: We

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Dennis

6. DATE OF BIRTH (month, day, year): Mar 15-1874

7. AGE: Years 63 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Mose Mulligan

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Julia Mulligan

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Lauren Dennis 1619 Waldo St

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Mem-Pk. Date: 11-23- 37

19. UNDERTAKER: Mrs R. C. Elliott-D'Ghtr

(Address) 1129 N. Caroline St,

20. FILED: 11-23-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1937 to Nov 19, 1937

I last saw h[illegible] alive on Nov 19, 1937 Death is said to have occurred on the date stated above, at 4.20 p m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset: Nov 4 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 509 Linwood Ave

11108 Gowlkes D 11108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Bladham St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Gowlkes

If U. S. Veteran specify WAR

(a) Residence: No. 1219 Bladham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gillison Gowlkes

6. DATE OF BIRTH (month, day, year) Nov 20 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Co Va

FATHER

13. NAME Prince Stokes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachel —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Harris.

(Address) 1612 Eldsworth St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 11-24-37

19. UNDERTAKER Mrs R.C. Elliott Daughter

(Address) 1129 N. Carolina St.

20. FILED 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1937 to Nov 20 1937

I last saw her alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	3 months

Other contributory causes of importance.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) H. B. Link M. D.

(Address) Bur. Vit. Statistics

NOV 23 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41109

CERTIFICATE OF DEATH

46-B F 41109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 407 S. Calhoun St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Anderson

If U. S. Veteran specify WAR

(a) Residence: No. # 407 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Stepheson Anderson

6. DATE OF BIRTH (month, day, year) Mar 8, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Thomas Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mannion

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs William J. Dimeler

(Address) # 407 S. Calhoun Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/ 24 /1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED NOV 23 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/1/37, 19.. to 11/21/37, 19..

I last saw h.. alive on 11/21/37 19.. Death is said to have occurred on the date stated above, at 2.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Z stamach	

Other contributory causes of importance:

Chr. myocarditis with myocardial dyspnea ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. W. Blenkinsop M. D.

(Address) 2000 Hollins St

Scipio Pollard

11110 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11110

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sapio Pollard

If U. S. Veteran specify WAR

(a) Residence: No. 1830 Lormant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pension

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Jeanette Rivers (Address) 1333 Brunt St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11-23 1937

19. UNDERTAKER Thomas E Kelson (Address) 503 Pennsylvania Ave

FILED NOV 23 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	Nov 20 1937
Internal Abdominal Injuries	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Accident Date of injury Nov 20 1937

Where did injury occur? 1333 Brunt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down 2 flights

Nature of injury Floor Stairways 1333 Brunt St

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) George L Allen M. D.

(Address) 1535 Linwood Ave

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41111 ✓ F 41111

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1402 Battery Avenue (Ward) 24-3

Length of residence in city or town where death occurred 76 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Agnes murphy

If U.S Veteran specify WAR ...

(a) Residence: No. 1402 B Battery Avenue Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert D. Murphy

6. DATE OF BIRTH (month, day, year): Sept 23-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William H. Williams

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Martha Jacob

16. BIRTHPLACE (city or town) (State or country): Prince George Co Md

17. INFORMANT: Mrs Wm Scheibing

(Address) 1402 Battery ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 24 1937

19. UNDERTAKER: Wm F. Porter

(Address) 1728 N. Fulton ave

Huntington Williams, M.D.

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to Nov. 21 1937

That I last saw her alive on nov 21 1937 Death is said to have occurred on the date stated above, at 8.55 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied arthritis (generalized.	Not known
Chronic Myocarditis	
Other contributory causes of importance: Acute Cardiac Dilatation	Nov 21 1937

Was an operation performed? no Date of .....

For what disease or injury? Physical Examination

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. Edward Norris

(Address) 107 East West st.

F 337419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41112

CERTIFICATE OF DEATH

131 F 41112

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. X St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Mellott

If U. S. Veteran specify WAR

(a) Residence: No. Long Green Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenamy

6. DATE OF BIRTH (month, day, year) 10/24/77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Mason Mellott

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Julia Nangle

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Clear Springs Md Date Nov. 24 1937

19. UNDERTAKER Fred. R. Coley
(Address) 1200 W. Fombard st

20. FILED NOV 23 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1937, to Nov 20, 1937

I last saw him alive on Nov 20, 1937 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of dissecting aneurysm of aorta into pericardium	Nov. 21, 1937
Intramural dissection of aorta	August 1937

Other contributory causes of importance:

arteriosclerosis & hypertension	
arteriolarsclerotic nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thomas A. Brem, M. D.

(Address) Johns Hopkins Hospital

V S B

41113

HEALTH DEPARTMENT—CITY OF BALTIMORE

41113

CERTIFICATE OF DEATH

124-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Prince Albert Cheamut

(a) Residence: No. 31 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 3 (?) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	47	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date November 23 1937

19. UNDERTAKER Joseph A. Sisely
(Address) 1098 Mount Street.

20. FILED Huntington Williams Registrar.
NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17. 1937 to Nov 20. 1937

I last saw him alive on Nov 20. 1937 Death is said to have occurred on the date stated above, at 4³⁰ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (Laparotomy)	?
duration	one

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mallory Berlin M. D.

(Address) Johns Hopkins Hosp.

11111 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11111

CERTIFICATE OF DEATH 178-a

Registered No. 25-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2111 W. North Ave St., 25th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Lodie Lanham
(a) Residence: No. 2111 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Lanham

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Morris Cohn
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Sallie Ella Seitz
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Lanham
(Address) 2111 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Burying Ground Date Nov 23 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124 W. North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) find that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above, at about 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death due to Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/22, 1937.
Where did injury occur? 2111 W. North ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Gas from unlighted burner
Nature of injury Illuminating Gas

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Hamilton Lamm M. D. Coroner
(Address) E. N. Hamilton

Nov 1937

41115 E 41115

41115 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., ... Ward) 4

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Carpenter

(a) Residence: No. 402 - 22 1/2 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary S. Simms

16. BIRTHPLACE (city or town) (State or country) Shadyside, Md.

17. INFORMANT Patrick

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 11-24 1937

19. UNDERTAKER J. R. & C. E. Elliott Daughter
(Address) 1919 N. Carrollton Ave.

20. FILED ..... 19..... Registrar

Mary A. Williams, M.D.

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to Nov. 20, 1937
I last saw him alive on Nov. 20, 1937. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Pleurisy & effusion	

Other contributory causes of importance:

Secondary Amemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. Wallace Shaughnessy M. D.

(Address) 16 E Lanvale St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41116

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank K Yost

If U. S. Veteran specify WAR .....

(a) Residence: No. Hopkinsville Ky St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nell

6. DATE OF BIRTH (month, day, year) Sept 3 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Francis Yost

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Bruzendine

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hopkinsville Ky Date Nov. 26 37

19. UNDERTAKER John A Whitesell & Son
(Address) 1700 Eutaw Place

20. FILED ... 19 ... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937 to Nov 22, 1937

I last saw her alive on Nov 22, 1937 Death is said to have occurred on the date stated above, at 3 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	April 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

Form 8 ... 1931

41117 HEALTH DEPARTMENT—CITY OF BALTIMORE 41117

CERTIFICATE OF DEATH

46-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... William Saipp .....

(a) Residence: No. 941 Point St. Camden, N. J. St., ... Ward. 941 Point St., Camden, New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) August 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand 004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-20-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) New Britton, Pa.

FATHER

13. NAME John Seipp

14. BIRTHPLACE (city or town) (State or country) Hessen, Germany

MOTHER

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country) Hessen, Germany

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 23, 37

19. UNDERTAKER Wm. J. Tuckner & Sons (Address) North & Payson

20. FILED [illegible] Registrar.

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1937, to November 21, 1937

I last saw him alive on November 21, 1937. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, esophagus (carcinoma, squamous cell, epidermoid)	May 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-29-37

For what disease or injury? Carcinoma

Name of operation Excision of lymph gland, esophagoscopy, biopsy esophagus.

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R K Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLM/6

✓ F 41118

41118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l Hosp. St., 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Lee Reilly

(a) Residence: No. 2905 Windsor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie M. Reilly

6. DATE OF BIRTH (month, day, year) August 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9266

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Chas. H. Reilly

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Annie Jacobs

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mrs. Carrie M. Reilly
(Address) 2905 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 24 1937

19. UNDERTAKER Wm. J. Ickes & Son
(Address) North & Eutaw Sts.

20. FILED ... 19 ... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, had an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 11-16 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hamburger Coroner, M. D.

(Address) 12 N. Hanover

41119 HEALTH DEPARTMENT—CITY OF BALTIMORE 41119

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Winston Ave St., 22-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H Nichols

If U. S. Veteran specify WAR .....

(a) Residence: No. 700 Winston Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28. 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Nichols

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes J Fleming

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Mrs Geo Sutherland 700 Winston Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ringgold Date 11/23/37

19. UNDERTAKER Leonard J Bach
(Address) 5305 Harford Rd.

20. FILED 11-23-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937, to November 20, 1937

I last saw him alive on November 20, 1937. Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/20/37
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl H O Benzon, M. D.

(Address) 5111 York Rd.

11120 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11120

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Mercy Hospital 26-2 Registered No.

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Matthew J Brockmeyer

(a) Residence: No. 4704 Grantley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Matthew Brockmeyer

6. DATE OF BIRTH (month, day, year) 8-24-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 0008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Brockmeyer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Clara Petri

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Adele Brockmeyer

(Address) 4704 Grantley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Red. Date 11/26 1937

19. UNDERTAKER Leonard J Rush & Sons

(Address) 3305 Harford Ave

20. FILED ... 19 ... E. L. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/7, 1937 to 11/22, 1937

I last saw him alive on 11/22, 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 8

Date of onset

Other contributory causes of importance:

Subsequent attack

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. G. Abbott M. D.

(Address) Mercy Hospital

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41121

CERTIFICATE OF DEATH

210-1 F 41121

1. PLACE OF DEATH City Hospital 1-26-12

CITY OF BALTIMORE: (No. ____ St. ____ Ward) Registered No ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William E Denker If U. S. Veteran specify WAR.

(a) Residence No. 1000 Broxmead Road & Mace Ave (Essex) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 10 - 1911

7. AGE: Years 26 | Months 5 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper: Blacksmith 6031
9. Industry or business in which work was done, as farm, mill, saw mill, bank, etc.: Bethlehem Steel
10. Date deceased last worked at this occupation (month and year): Nov 1937
11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: William Denker
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Hattie Schreiber
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William Denker
(Address) 1000 Broxmead Ave - Mace

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 24 1937

19. UNDERTAKER: John Ulrich
(Address) 2008 Orleans St

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-21 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide) Acc Date of injury 11-20 1937
Where did injury occur? Auto Ave near Garden
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Automobile between Motorcycle
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Hubert F. Kenley Autopsy M. D.
Coroner
(Address) 907 N Chapel

V S 6

41122 HEALTH DEPARTMENT—CITY OF BALTIMORE 41122

CERTIFICATE OF DEATH

94 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Harford Terrace St., 9-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 49 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michelaina Di Domenica

(a) Residence: No. 4208 Harford Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francesco 1882

6. DATE OF BIRTH (month, day, year) April 30 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Filicicchia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Marina Ingenuo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Husband
(Address) 4208 Harford Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 25 1937

19. UNDERTAKER Frank V. Depetrone
(Address) 241 S. Bond St

20. FILED Mar 25 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 22 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937. to Nov 22 1937

I last saw her alive on Nov 22 1937 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	

Other contributory causes of importance:

Ch. Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Cathedral St

MAR 25 1937

11123 (Reeley) 11123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Penna. R R Track — Registered No. 1577

CITY OF BALTIMORE: (No. Highland Yard St. — Ward) 13-E-207-9 aC

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George A. Reeley — If U. S. Veteran specify WAR

(a) Residence: No. 2902 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Elva M. Reeley

6. DATE OF BIRTH (month, day, year) Aug. 28-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R R Co.

10. Date deceased last worked at this occupation (month and year) Nov 21-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elva M. Reeley
(Address) 2902 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Bair Cemetery Date 11/24/ 37

19. UNDERTAKER C. J. Fanning & Son
(Address) 1958 E. Lafayette Ave

20. FILED 19 Registrar

11-24-1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pneumonia Lobar Hypostatic~~ Fracture of Skull and bone of body	Nov. 21 1937
Other contributory causes of importance: Lacerations	Nov 21-1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 21, 1937
Where did injury occur? Highland yards Pa. R R
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Industry
Manner of injury Run over by locomotive
Nature of injury Multiple Fractures & Lacerations

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Chas. W. Wood Coroner, M. D.
(Address) 1712 N. Broadway

41124 ✓ F 41124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 5-6 108 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert . Ehrhart

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. , ,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date , , 19

19. UNDERTAKER Harry H. Lutzke

(Address)

FILED 23 1937 Registrar

6 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , , 19

22. I HEREBY CERTIFY, That I attended deceased from 10-30-37, 19 to 11-22-37, 19

I last saw him alive on 11-22-37, 19. Death is said to have occurred on the date stated above, at 445 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess Bilateral (multiple)	
Pneumonitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Kennedy Waller M. D.

(Address) Lenox Library Hospital

F 11125

1125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Babette Herrmann

(a) Residence: No. 3024 Weaver Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franz Herrmann

6. DATE OF BIRTH (month, day, year) Dec. 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME John Kellar

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Franz Herrmann
(Address) 3024 Weaver Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 24, 1937

19. UNDERTAKER Harry W. Hitz Inc.
(Address) 710 Edmondson Ave.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Broncho Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 2, 1937

Where did injury occur? 3024 Weaver Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stumbled over Foot Stool

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Schulz, M. D.
Coroner

(Address) 237 E. Mont

V S 6

F 41126

1126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-w

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Danial Mix

(a) Residence: No. 800 W. Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Utica N. Y. Date 11/23 '31

19. UNDERTAKER George L. Rogers Jr
(Address) 1512 Hollins St

20. FILED ... 19... Registrar.

11 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of	
Heart	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. K. Cullen, M. D.
Coroner

(Address) 3757 Hows

V S 6

4

F 41127

HEALTH DEPARTMENT—CITY OF BALTIMORE

41127

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital Ward) 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Eva F. Hanson

(a) Residence: No. ... Port Deposit Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of John Hanson

6. DATE OF BIRTH (month, day, year) June 7 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

FATHER

13. NAME William Creswell

14. BIRTHPLACE (city or town) (State or country) Quarryville Pa.

MOTHER

15. MAIDEN NAME Georgia Morrison

16. BIRTHPLACE (city or town) (State or country) Delaware and.

17. INFORMANT John W. Hanson (Address) Port Deposit, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Presbyterian Cecil Co. Date Nov. 26 37

19. UNDERTAKER Lee & Patterson (Address) Perryville, Md.

20. FILED NOV 27 1937 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/15/37 ... 19... to 11/23/37 ... 19... I last saw h[illegible] alive on 11/22/37 19... Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard J. Wilkins M. D.

(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11128

11128

CERTIFICATE OF DEATH

✓ 34-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 24-2 St., ...Ward.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Margaret Hartlove (3791)

If U. S. Veteran specify WAR

(a) Residence: No. 442 S. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~ Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4, 1908

7. AGE: Years 28 | Months 1 | Days 19 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Conley

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Date Nov 26 37

19. UNDERTAKER Chas L. Seburn

(Address) 1601 E Fort Ave

20. FILED NOV 29 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 1937

22. I HEREBY CERTIFY, That I attended deceased from September 13 1934 to November 23, 1937

I last saw her alive on November 23 1937 Death is said to have occurred on the date stated above, at 10:52 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sep 1935
Other contributory causes of importance: Tuberculosis of spine	1930

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

41123) F 41123)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. [illegible]

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Shimberg — If U. S. Veteran specify WAR

(a) Residence: No. 2014 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Shimberg

6. DATE OF BIRTH (month, day, year) May 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Aug 26-1937

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Joseph, [illegible]

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Adele Greenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Shimberg

(Address) 2014 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herzog Ring Date Nov. 24 37

19. UNDERTAKER Sol Levinson & Bros

(Address) 424-26 W. Baltimore

20. FILED [illegible] 19 [illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Nov 23
Arterio-sclerosis Senility General	5 years
Other contributory causes of importance: Fracture lower right tibia + fibula	Aug 27 37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 27, 1937

Where did injury occur? 2014 E. Lanvale St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down stairs steps

Nature of injury Fracture right tibia + fibula

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1112 N. Broadway

V S 6 1931

41130 HEALTH DEPARTMENT—CITY OF BALTIMORE 41130

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp 7-18 St. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Mrs Eva Cohen

If U. S. Veteran specify WAR .....

(a) Residence: No. 3622 Lucille Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Emma Klatzman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Cohen

(Address) 3622 Lucille ave

18. BURIAL, CREMATION, OR REMOVAL Pk Chapel Date 11/24/37, 19

19. UNDERTAKER Jack Kaufman Inc

(Address) 1439 E. Balto St

20. FILED ..... Registrar

NOV 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 23, 1937

I last saw h.. alive on Nov 23, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	? about 1 yr ago

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-8-37

For what disease or injury? Carcinoma-Pancreas

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Milton Levin, M. D.

(Address) WBGH

41131 HEALTH DEPARTMENT—CITY OF BALTIMORE 41131

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3739 Park Heights Ave St., 45 Ward 12)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry Weinberg

If U. S. Veteran specify WAR

(a) Residence: No. 3739 Park Heights St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ ~~WIFE of~~ Oda Weinberg

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer 34

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Weinberg

(Address) 2818 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave Date 11-24 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St.

20. FILED 11-25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1937 to Nov 23 1937

I last saw him alive on Nov 23 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Acute Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Physical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 733 Augusta Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41132

1132

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Montpelier St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kathryn Jean Stine

If U. S. Veteran specify WAR .....

(a) Residence: No. 1715 Montpelier St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 26, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	7	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry R. Stine

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marguerite Johnson

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

17. INFORMANT Mrs. Marguerite Stine Jacobs

(Address) 1715 Montpelier St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 26, 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED ..... 19 ..... Registrar

NOV 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937 to Nov 22 1937

I last saw h alive on Nov 22 11:20 1937 Death is said to have occurred on the date stated above, at ..... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	6 Months
Other contributory causes of importance:	
Osteomyelitis	2 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. G. Mayo M.D.

(Address) 716 Cathedral St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11133 F 11133 V 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. Ward) 6-1

Length of residence in city or town where death occurred 1 yrs. mos. 2 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary E. Duppen

If U. S. Veteran specify WAR .....

(a) Residence: No. 112 ½ N. Carrollton Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9/19/1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME James Duppen

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Barbara Holland

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Susie Rodgers

(Address) 112 ½ N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shadyside Md Date 11/24 1937

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St

20. FILED ..... 19..... Registrar.

NOV 24 1937

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year) Nov. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1937 to Nov. 22 1937

I last saw her alive on Nov. 22 1937 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency myocarditis	
Other contributory causes of importance: secondary Anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Vallie Shengton M. D.

(Address) 1615 Lemmon St.

11131

HEALTH DEPARTMENT—CITY OF BALTIMORE

11131

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH Found dead in Bed Ft

CITY OF BALTIMORE: (No. 1609 Mc Henry St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Howard Butler

If U. S. Veteran specify WAR

(a) Residence: No. 1631 Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Clifton Butler

(Address) 1513 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov 24 1937

19. UNDERTAKER Charles Alexander

(Address) 2018 Mc Mechen St

20. FILED NOV 22 1937, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Sam Carone M. D.

(Address) 1215 Hanover Coroner

VSA 2554 Madison Ave Office

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41135 F 41135

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 n Madeira St., 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 120 n Maderia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Albert Mitchell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Francis Mitchell

(Address) 120 Maderia St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/24 1937

19. UNDERTAKER Wm A Zacharias

(Address) 46 Penna ave

20. FILED NOV 24 1937 Registrar

(City)

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemiplegia	Nov 22 1937

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.

Coroner

(Address) 20 Augusta St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41136 — CERTIFICATE OF DEATH — 26 — F 41136

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 E Hoffman St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Frank X Sager

(a) Residence: No. 2333 E Hoffman St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Sager

6. DATE OF BIRTH (month, day, year) Dec 12 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ref.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Sager

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Braundorfer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marie Sager

(Address) 2333 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Date 11-26-1937

19. UNDERTAKER Bernard C Hartz

(Address) 1221 E Fayette St

NOV 24 1937

FILED

1937 Nov 24 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Nov 22, 1937

I last saw h[illegible] alive on Nov 22 - 1937. Death is said to have occurred on the date stated above, at 12:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	6 mo
Other contributory causes of importance: Pulmonary tuberculosis	11 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C F Wheeler, M. D.

(Address) 1214 Mulberry St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41137

CERTIFICATE OF DEATH

125-B

27985-M 41137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Angidei

(a) Residence: No. 1118 E. Lexington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 12/29/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	0 10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... no?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Basilio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Iammassini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT ..... hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 25th 1937

19. UNDERTAKER Leo D. Brooks
(Address) 1705 N. Patterson Park Ave

20. FILED ..... 19 ..... Registrar

NOV 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1937 to 11-23 1937

I last saw him alive on 11-22 1937. Death is said to have occurred on the date stated above, at 3:35 A- m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Liver Abscess	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-[illegible]-37

For what disease or injury? .....

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9

41138

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41138

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Ensor St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Newell Sr.

(a) Residence: No. 1727 Ensor St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace M Newell

6. DATE OF BIRTH (month, day, year) Dec 14 1872

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	64	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Mfg

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William J Newell

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Sarah E Russell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Grace J Newell

(Address) 1727 Ensor

18. BURIAL, CREMATION, OR REMOVAL

Mt Carmel Cemetery Date Nov 26 1937

19. UNDERTAKER Edwin W. Conklin

(Address) 3242 Eastern Ave

20. FILED Nov 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.

(Address) 1919 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

41139 F 41139

CERTIFICATE OF DEATH

6-5-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Orleans St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennard Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1722 N Gilbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harriett Bryant

6. DATE OF BIRTH (month, day, year) April 4 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Charles Hughes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT (Address) Julia Reeves N.E. Station

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 24 1937

19. UNDERTAKER Elroy O Wilson

(Address) 1600 Pratt Ave

FILED NOV 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	about
Cerebral Apoplexy	1938
Essential Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward S. Allen M. D. Coroner

(Address) 20 E Lexington St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41140

CERTIFICATE OF DEATH

131 F 41140

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Garofolo

(a) Residence: No. 3813 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Saveria Garofalo

6. DATE OF BIRTH (month, day, year) Jan. 31 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) Nov. 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Garofolo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Grazia Germinario

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Saveria Garofalo (Wife)
(Address) 3813 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Lyons
Place Sacred Heart Cem. Date Nov. 26 37

19. UNDERTAKER Frank Della Vale
(Address) 52 N. Morley St.

20. FILED 19 [illegible] Registrar.

NOV 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Nov 22, 1937

I last saw h.[illegible] alive on Nov 22, 1937. Death is said to have occurred on the date stated above, at 6:03 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Nephritis	
c Anuria from	
Acute Exacerbation	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond Irwin, M. D.

(Address) Mercy Hospital

41141 ✓ F 41141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lauren Shields

(a) Residence: No. 764 Warecte St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Lester Shields

14. BIRTHPLACE (city or town) (State or country) Lynchburg, S.C.

15. MAIDEN NAME Clarie G. Chisberry

16. BIRTHPLACE (city or town) (State or country) St Matthews S.C.

17. INFORMANT Lester Shields

(Address) 764 Warecte St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Nov 24, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Nov 23 1937

I last saw h[illegible] alive on Nov 22 1937 Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	
Tuberculous Meningitis	Nov 14, 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Spinal fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry L. Ridout, M. D.

(Address) University Hosp.

41142 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41142

41142

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (N) West Balto. General Hospital

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bernhardt If U. S. Veteran specify WAR

(a) Residence: No. 746 N. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 22, 1937

7. AGE: Years | Months | Days: 1-2½ hrs. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Daniel J. Bernhardt

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Virginia Ballard

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): M. Greg. C. H. Hosp. N. Balto Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Nov 24 37

19. UNDERTAKER (Address): A. Jones 111 S. Eutaw St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH 23

21. DATE OF DEATH (month, day, year): Nov. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1937, to Nov. 25 1937

I last saw him alive on Nov. 22 1937 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity - 8 mos. Atelectasis — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) 1 W. Mt. St.

11143 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11143

85

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 Eutaw Place, 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Dreyfus.

If U. S. Veteran specify WAR

(a) Residence: No. 2241 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brokerage Security

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arkansas

FATHER

13. NAME Isaac.

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT (Address) John A. Evans Coroner

18. BURIAL, CREMATION, OR REMOVAL Place 2116 Rock Crk. Date 11/23/37 19

19. UNDERTAKER Geo. A. Farber (Address) Fulton & Fayette

20. FILED 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	11/23/37
Epileptic Convulsion	11/23/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Evans, M. D.

(Address) Coroner

Coroner

F 41141 ✓ F 41141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Payson St St., 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME FRANK FITZ LEE RUHL

If U. S. Veteran specify WAR .....

(a) Residence: No. 618 S Payson St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anita C Ruhl

6. DATE OF BIRTH (month, day, year) Oct. 30. 97.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40		23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 ?

12. BIRTHPLACE (city or town) (State or country) Sandsnone Md.

FATHER

13. NAME Frank H. Ruhl

14. BIRTHPLACE (city or town) (State or country) Shaeysburg Pa.

MOTHER

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anita C Ruhl.

(Address) 618 S. Payson.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 25. 1937

19. UNDERTAKER Frederick A. Pike

(Address) 200 N Lombard St

26. FILED ..... 19 ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained, by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	instant

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Walter Grauna Coroner, M. D.

(Address) 822 N Eutaw St

41145 ✓ E 41145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. X 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Morsell

(a) Residence: No. Sunderland (Calvert Co. Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sunderland Calvert Co Md

FATHER

13. NAME Garfield Marsell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearl Mackall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Garfield Marsell

(Address) Sunderland Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sunderland Date Nov 25 1937

19. UNDERTAKER H. A. Dutcher

(Address) Owings Calvert Co Md

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th 1937 to Nov. 23rd 1937

I last saw her alive on Nov 23rd 1937 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	July 10, 1937

Other contributory causes of importance:

Was no operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King B. E. Seegar, Jr. M. D.

(Address) University Hospital.

F 4114 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4114 6

CERTIFICATE OF DEATH

53-F 28457 RHW

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2812 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. North

If U. S. Veteran specify WAR

(a) Residence: No. 5507 Gwynn Oak Ave. St., ... Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/1883 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 ?	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 8 3/4 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James F.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Austin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt Olivet Date Nov 26 37

19. UNDERTAKER William A Poole
(Address) 1217 St Paul Street

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1937, to November 23, 1937

I last saw him alive on November 23 1937. Death is said to have occurred on the date stated above, at 3 3/4 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of unknown site Months
Metastatic Carcinoma of liver Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Santis M. D.
(Address) Baltimore City Hospitals

W 2 1931 0

Spec.—1-10-21—M&T—1500 Blks.

F 41147

11147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 E 20th ST., 9-8 WARD)

2-FULL NAME Luther C Goldsmith

(a) RESIDENCE NO. 1001 E 20th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C Goldsmith

6 DATE OF BIRTH (month, day, and year): March 18, 1871

7 AGE: Years 66 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Farm

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): North Chemung N.Y.

PARENTS

10 NAME OF FATHER: Robert Goldsmith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chemung N.Y.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Goldsmith (Address) 1001 E 20th St

15 Filed NOV 24 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): NOV 24 1937

17

I HEREBY CERTIFY, That I attended deceased from AUG 7 1937, 19 to NOV 24 1937, 19

that I last saw h alive on NOV 24 1937, 19

and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

Intestinal Tuberculosis

(duration) X yrs. 3 mos X ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

(duration) 10 yrs 7 mos. ds.

18 Where was disease contracted if not at place of death? Did not Know

Did an operation precede death? NO Date of X X V

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Otto H Butler M. D.

, 19 (Address) 928 E. North Ave

NOV 24 1937

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emma N.Y.

DATE OF BURIAL: 11 24 1937

20 UNDERTAKER: Wilson Cook

ADDRESS: 124 East Ave

FOR INSTRUCTIONS SEE REVERSE SIDE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11148

CERTIFICATE OF DEATH

131 F 11148

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1377 Hanover St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Conway

If U. S. Veteran specify WAR

(a) Residence: No. 1377 Hanover St., 23 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year): Sept 7 1885

7. AGE: Years 52 | Months 2 | Days 14,16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto

10. Date deceased last worked at this occupation (month and year): 11 Yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James Conway

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Martha Russell

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mary EYERLY

(Address) 1377 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 11/27/37

19. UNDERTAKER: John J. Foley & Son

(Address) 15 S. Eutaw St

20. FILED ... 19... Registrar.

NOV 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Nov 23, 1937

I last saw him alive on Nov 23, 1937 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Other contributory causes of importance:	
Emphysema	1 day
Chronic Brights Disease	3 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 279 Williams St

F 11149

11149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 57134 JS

51-C

Registered No. 10-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Page

(a) Residence: No. 1030 Homewood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-10-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elmer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date NOV 24 1937 19..

19. UNDERTAKER
(Address) For H. A. Moore

20. FILED ..... 19.....

NOV 24 1937

Registrar

3603 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1937 to 11-20 1937

I last saw him alive on 11-20 1937 Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of prostate with metastasis — unknown

Hypertensive Cardio vascular disease — unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. T. Woodward M. D.

(Address) Balto City Hosp

M. D. B 1268-9

11150

F 41150

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Agnes Hos. St. 28-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Vincent Bernard Flannery
If U. S. Veteran specify WAR .....

(a) Residence: No. 4238 Hedekar Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annie E. Flannery

6. DATE OF BIRTH (month, day, year) Sept. 11, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER FATHER

13. NAME Richard Flannery
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Brigidann Gladine
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Annie E. Flannery
(Address) 4238 Hedekar Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 26 37

19. UNDERTAKER Wm. Fickus Sons
(Address) North & Paca Sts.

20. FILED Nov. 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	instant

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Martin Hanna M. D.
Coroner
(Address) 1822 W. Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

41151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41151

CERTIFICATE OF DEATH.

93c

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2416 Brambleton Rd St., 27 Ward

2-FULL NAME Rose Kimmel

(a) RESIDENCE NO. 2416 Brambleton Rd St. 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph Kimmel

6 DATE OF BIRTH (month, day, and year): DEC. 31/77

7 AGE: Years 59 | Months 10 | Days 22 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Rhineland,

(State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Weiler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Wahl

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Joseph Kimmel 2416 Brambleton Rd.

15 Filed ..... 19 ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22 1937

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1937, to Nov. 22, 1937, that I last saw her alive on Nov 22, 1937, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows: Myocarditis (chronic) with Valvular insufficiency

(duration) ..... yrs. 3 mos. 23 ds.

CONTRIBUTORY (Secondary): General Debility indefinite

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual Clinical

(Signed) Sherman R. Mark, M. D.

Nov 23 1937 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Co

Date of Burial: 11/25/1937

20 UNDERTAKER: J. G. Moran

ADDRESS 300 E Balto

F 41152

1152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B 88

Registered No. [illegible]

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 226 S Castle St., 9-1 Ward) Home

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Widomski

(a) Residence: No. 226 S. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (HUSBAND of) (WIFE of) Paul Widomski

6. DATE OF BIRTH (month, day, year) Sept. 23-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year) Nov. 23 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mathews Tipinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Roselie Usiadek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Paul Widomski Husband

(Address) 226 S Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 26 1937

19. UNDERTAKER John J. Weber

(Address) 401 S. Charles St

20. FILED 11-24 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest / Autopsy or Inquiry) (Inquest / Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 22 1937
	Some time

Other contributory causes of importance: Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

V S 6

F 41153

41153 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 668 12-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. M. Shepperson Jr. If U. S. Veteran specify WAR

(a) Residence: No. 229 Camden St Salisbury, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Traffic Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alex. Va.

FATHER

13. NAME Chas M Shepperson

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Dolly Taylor

16. BIRTHPLACE (city or town) (State or country) Alex Va.

17. INFORMANT Chas. M. Shepperson

(Address) 907 Prince St. Alex. Va.

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place Alex, Va. Date 11/24 1937

19. UNDERTAKER J. T. Demaine & Son

(Address) Alexandria, Va.

20. FILED 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 11/24/37

Due Undetermined Cause

Other contributory causes of importance:

Was an operation performed? yes Date of Nov 24. 193

For what disease or injury

Name of operation Dr Reynolds Date of 11/24/37

What test confirmed diagnosis? By Dr Coy Vondeau Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N Claus M. D.

Coroner

(Address) Laurel

V 9 6

F 41154

41151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W Lanvale St., 18-2 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Washington

(a) Residence: No. 1104 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Washington

6. DATE OF BIRTH (month, day, year) 8-11-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. first

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jas Washington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Seraphine —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clara Washington

(Address) 1104 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL. Date 12-26 1937

Place Mt Calvary Cem

19. UNDERTAKER Charles Gardner

(Address) 214 N. Calhoun St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Central Lupus

Date of onset 11/22/37

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 50 E Lexington St

M. D. B. 1268-0

41155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41155

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Pennsylvania Ave St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 79 yrs. mos. ds.

2. FULL NAME Francis B. Cary

(a) Residence: No. 716 Pennsylvania Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Bertha Cary

6. DATE OF BIRTH (month, day, year) June 5 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfr. Soft Drinks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME John B. Cary

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME — Berger

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Louise Cary (Address) 716 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Nov 26 37

19. UNDERTAKER Henry H. Jenkins Sons & (Address) McCulloh & Eutaw

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 . 1937 . to Nov. 23 . 1937

I last saw him alive on Nov 23 . 1937 . Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal arteriosclerosis with cardio-Renal Insufficiency (Senility)	10 years
Other contributory causes of importance:	
acute cardiac Dilatation	6 hrs.

Name of operation — Date of

What test confirmed diagnosis? Ky. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Air

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee T. Deaver M. D.

(Address) 804 Eutaw St

41156 F 41156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 Barclay St. 12-25 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H Dasch

If U. S. Veteran specify WAR

(a) Residence: No. 3039 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emeline Miller

6. DATE OF BIRTH (month, day, year) Nov 13 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 10 yrs | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adam Dasch

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Lentz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Emeline Dasch
(Address) 3039 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Nov 26 37

19. UNDERTAKER John Allen
(Address) 2010 Calhoun St

20. FILED ... Registrar.
Hunting for Williams, N.T.

DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-30, 1918, to Nov 24, 1937

I last saw h... alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Hypertrophied and Enlarged Heart. — Date of onset Several Yrs Ago

Other contributory causes of importance: None

Was an operation performed? None. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of Injury ..., 19...

Where did injury occur? none.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Costello, M. D.

(Address) 335 E. 31st St

1157

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11157

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2744 East Baltimore St., 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary F Miller

(a) Residence: No. 2744 East B alti ore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	[illegible]

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E Miller

6. DATE OF BIRTH (month, day, year): July 26 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Caroline Co Md

FATHER

13. NAME: William Trice

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Jester

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Bertie Purcell
(Address): 611 N Robinson

18. BURIAL, CREMATION, OR REMOVAL
Place: Denton Md Date: Nov 27 1937

19. UNDERTAKER: John Ullrich
(Address): 2008 Orleans St

20. FILED [illegible]

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937, to Nov 24, 1937

I last saw her alive on Nov 23, 1937. Death is said to have occurred on the date stated above, at 4.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteri - Hypertension.	5yr ago.
Hemi plegia -	Nov 24/37
	Sudd
Other contributory causes of importance:	
arteri Sclerosis -	5 yr -
Emphysema -	5 yr -

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Louis F Schramm M. D.

(Address) 722 W Lexington St

41158 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41158

CERTIFICATE OF DEATH ✓ 95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-4 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nancy Chesser

(a) Residence: No. 1802 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martin

6. DATE OF BIRTH (month, day, year) 10/25/1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 25 37

19. UNDERTAKER John Ellis
(Address) 2008 Orleans St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1937 to November 22, 1937

I last saw her alive on November 22, 1937. Death is said to have occurred on the date stated above, at 4:01 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	1934
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

23 1937

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

(4115?) (4115?)

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals St., (Dept.) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? 67 yrs. mos. ds.

2. FULL NAME Matej Sallak

(a) Residence: No. 919 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 6, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Josef Sallak

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Theresa Rubat

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mary Sallak

(Address) 919 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 27. 1937

19. UNDERTAKER Frank Grach & Son

(Address) 1906 Eastern Ave

20. FILED Nov. 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Acted as Coroner 19 to 19 that I last saw h... alive on 19 and that death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in the following:

Accident, suicide or homicide? Date of injury 11/24- 19

Where did injury occur? Oak Rd - Near Ridgeway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by Auto while

Manner walking on Highway

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert H. Bentley M.D.

(Address) 907 N. Charles St

41160

F 41160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Bryan

(a) Residence: No. 1526 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Helen Bryan

6. DATE OF BIRTH (month, day, year) Dec. 10, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Merchant's Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William A. Bryan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lavina Leary

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Helen F. Bryan

(Address) 1526 Homestead St

18. BURIAL, CREMATION, OR REMOVAL.

Place Baltimore Date November 27, 1937

19. UNDERTAKER Frank Creech & Son

(Address) 1911 Eastlund Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11/25, 1937

Where did injury occur 2015 E. Federal St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In a customer's home

Manner of injury Fell out 3rd second story

Nature of injury Windows

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1711 E. North Ave

V S 6

41161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41161

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Mary Ave. St., 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Mary Gerhold

If U. S. Veteran specify WAR

(a) Residence: No. 3500 Mary Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Gerhold

6. DATE OF BIRTH (month, day, year) Oct. 14, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Borleis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hilderbrand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Gerhold

(Address) 3500 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 27 '37

19. UNDERTAKER Frederick Funeral Home

(Address) 1701 Edmondson Ave

20. FILED [illegible] Registrar.

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 '37, 19 to Nov 23, 19 37

I last saw h alive on Nov 23, 19 37 Death is said to have occurred on the date stated above, at 11 02 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	
Chronic Myocarditis	
Other contributory causes of importance:	
Myocardial Insufficiency	Nov 16 1937

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Edward S. Benson M. D.

(Address) 1 W. Preston

41162 HEALTH DEPARTMENT—CITY OF BALTIMORE 41162

CERTIFICATE OF DEATH

104-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Jessie Waters

If U.S. Veteran specify WAR ...

(a) Residence: No. 3142 Ellerslie Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy W Waters

6. DATE OF BIRTH (month, day, year) March.31.1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper & Brass Works

10. Date deceased last worked at this occupation (month and year) Nov.11.37

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Lee Waters

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eva Mary Zellers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Dorothy W Waters
(Address) 3142 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hampden Date Nov.29.1937

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Rd

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 . 1937 to Nov 25 . 1937

I last saw h[im/er] alive on Nov 24 . 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal meningitis	11/23/37
ovw	
Other contributory causes of importance: Cellulitis, left thigh	11/14/37

Was an operation performed? suprapubic Date of 11/10/37

For what disease or injury? Cystitis

What test confirmed diagnosis? Spinal puncture Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gilbert E. Redman M. D.

(Address) St. Josephs Hospital.

6

41163 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41163

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 E Lafayette Avenue St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma C. Mabee

If U. S. Veteran specify WAR .....

(a) Residence: No. 1317 E Lafayette Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles K. Mabee

7. DATE OF BIRTH (month, day, year) Feb 27th, 1870

8. AGE Years	Months	Days	If LESS than 1 day, ##### or ..... min.
67	8	26	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Conrad Neidhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Lehr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Mushake (Sister)
(Address) 1740 Harford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 26th, 1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED NOV 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to Nov. 23, 1937

I last saw h[illegible] alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	1936
Other contributory causes of importance: Chronic Interstitial Nephritis	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel D. Wolfe, M. D.

(Address) 1331 E. North Ave

E 41164

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41164

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Fallsway 5-6

CITY OF BALTIMORE: (No. 2005 Dennison St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Henry C. Becker

(a) Residence: No. 2005 Dennison St., ... Ward.

(Usual place of abode)

If U.S Veteran specify WAR ...

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dietz

6. DATE OF BIRTH (month, day, year) Feb. 13, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Fred Becker

14. BIRTHPLACE (city or town) (State or country) -------- Maryland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable " " "

17. INFORMANT Clarence F. Becker

(Address) 1126 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 11/26 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 800 N. Gilmor St.

[illegible] Fallsway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28 1937

22. I HEREBY CERTIFY, That I attended deceased from June-10- 1936 to, Nov-28- 1937

I last saw him alive on Nov-28- 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with

Date of onset

several mild cerebral accidents

Cerebral Hemorrhage with left side Hemiplegia 4-28-37

Other contributory causes of importance: Myocardial degeneration

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2207 Garrison

0

41165 E 41165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home, St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Hannenwetsch

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Hannenwetsch

7. DATE OF BIRTH (month, day, year) April 3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Market

10. Date deceased last worked at this occupation (month and year) 4½ years

11. Total time (years) spent in this occupation 6½ years

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles Hannenwetsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Peppler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home (Address) Athol Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Nov. 26, 1937

19. UNDERTAKER J. B. Cook (Address) 1003 W. Baltimore St.

20. FILED , 19 Registrar

NOV 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1/37, 19 to Nov. 23/37, 19

I last saw him alive on Nov. 23/37, 19 Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paranchymatous Nephritis.	Unknown
Other contributory causes of importance: Chronic Cardiac Hypertrophy	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Unin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Woodchmitt M. D.

(Address) 933 Hanover St.

41166 ✓ E 41166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Poplar Grove St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella I. Wheeler

If U.S Veteran specify WAR

(a) Residence: No. 1531 Poplar Grove St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph R. Wheeler, Jr.

6. DATE OF BIRTH (month, day, year) July 5, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Oliver Cromwell

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Sarah Ellen Somerville

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Millard D. Wheeler
(Address) 2818 Silver Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Nov. 26 1937

19. UNDERTAKER C. A. B. Cook
(Address) 1005 N. Baltimore St.

20. FILED NOV 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1933 to Nov 24 1937

I last saw her alive on Nov 24 1937. Death is said to have occurred on the date stated above, at 12.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	✓
Dilatation of heart	✓

Other contributory causes of importance:

Senile Debility	✓

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John E. Gichrist M. D.

(Address) 1219 Poplar Grove St.

1167 F 41167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 46-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl Keene

(a) Residence: No. 914 N Fulton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence V Keene

6. DATE OF BIRTH (month, day, year) Oct 7 1880

7. AGE Years 57 | Months 1 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel C Keene

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Applegarth

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs Florence Keene 914 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 11/27/37

19. UNDERTAKER (Address) Geo C Friland Fulton & Fayette

20. FILED ..... 19..... by ..... Registrar

NOV 23 1937 8 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1937 to Nov 23, 1937

I last saw him alive on Nov 23, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	11-16-37
Gastric Hemorrhage	11-16-37
Other contributory causes of importance:	
Coronary occlusion	11-23-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arend P Klemkauske M. D.

(Address) Md Gen Hospital

1168 E 41168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 853 Wellington St. 13-6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Ryer

(a) Residence: No. 853 Wellington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie L Ryer

6. DATE OF BIRTH (month, day, year) Aug. 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Was Cigar maker

10. Date deceased last worked at this occupation (month and year) 10 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Jacob Ryer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fritche

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maggie L. Ryer
(Address) 853 Wellington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11/26, 1937

19. UNDERTAKER Vernon Lemmon
(Address) Park Heights Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11/23/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Craig, M. D.
Coroner
(Address)

S 6

M. D. R. 1268-9

✓ F 41169

41169 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

11-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 Harvey St., 24-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary G. Schreiber

(a) Residence: No. 741 Harvey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Herman Schreiber

14. BIRTHPLACE (city or town) Berlin
(State or country) Germ

MOTHER

15. MAIDEN NAME Sara Rust

16. BIRTHPLACE (city or town) Berlin
(State or country) Germ

17. INFORMANT Sara Schreiber
(Address) 741 Harvey

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date Nov 27 1937

19. UNDERTAKER Edward F Stevens
(Address) 501 E Fort Ave

20. FILED Nov 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1937, to Nov 24, 1937

I last saw h alive on Nov 23 1937. Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	9d
Other contributory causes of importance:	
Influenza	3d

Name of operation No Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. A. Stevens, M. D.

(Address) 2878 Howard St

F 41170 ✓ F 41170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital 4-2 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward G. Diven — U. S. Veteran (specify WAR)

(a) Residence No. Laurel Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/16-1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER FATHER

13. NAME Wm E Diven

14. BIRTHPLACE (city or town) (State or country) Laurel Md

15. MAIDEN NAME Mary E Geis

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Wm E. Diven father
(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Laurel Md Date 11/28/37

19. UNDERTAKER Floyd Kaiser
(Address) Laurel Md

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head Injury —	11/25
Probable Fx Skull	1

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11/25/37

Where did injury occur? On Laurel n Wash Blvd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Wash. Blvd

Specify activity Pedestrian near Track

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul H Gurley Coro. D.

(Address) 907 N. Charles St.

V S 6

11171 E 11171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jarvis Hospital St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased was yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Donald Scott

(a) Residence: No. 412 Oliver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jack C Scott

14. BIRTHPLACE (city or town) (State or country) See

MOTHER

15. MAIDEN NAME Virginia Lemon

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Virginia Scott

(Address) 412 S Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/26 1937

19. UNDERTAKER Rayner Sanders

(Address) 143 E Preston St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar & Bronchial pneumonia Both Lungs (entire)	Nov 19 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 19 1937

Where did injury occur? 412 S Oliver St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Was running & fell

Nature of injury Died at home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo C Allen M. D.

Coroner

(Address) 610 Fremont St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

41172

41172

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3904 Cunningham St. (or) 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella M Chalker

If U. S. Veteran specify WAR 1st Record

(a) Residence: No. 3904 Cunningham St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Willard B Chalker

6. DATE OF BIRTH (month, day, year): Jan 14, 1855

7. AGE — Years: 82 | Months: 10 | Days: 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lady

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Zanesville Ohio

MOTHER

13. NAME: Anna Martin

14. BIRTHPLACE (city or town) (State or country): England

FATHER

15. MAIDEN NAME: Ackerman Weatherby

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Irene E Chalker

(Address): 3904 Cunningham St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cunningham Hill Date: 11-27-37

19. UNDERTAKER: Wilson & Cook

(Address): 1217 E Fayette St

20. FILED: NOV 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937 to Nov 24, 1937

I last saw her alive on Nov 24, 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage Arteriosclerosis Cardiac Vascular Disease — Duration of onset: Years

Other contributory causes of importance:

Gall Bladder Disease Pleurisy Anemia

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abel Zahn M. D.

(Address) 320 Cathedral Ave

1173 E 11173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Oakdale Av St. 27-14 Ward)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Clinton Phillips

(a) Residence: No. 303 Oakdale Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Phillips

6. DATE OF BIRTH (month, day, year) Oct 12 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain, Tug Boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Robert Walton Phillips

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jeannette Cooke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Clinton Phillips
(Address) 303 Oakdale Av

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11 27 1937

19. UNDERTAKER Feldmeier Corp
(Address) 2122 E Fayette St

20. FILED Nov 27 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/10 1936 to 11/23 1937

I last saw him alive on 11/23 1937. Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic Myocarditis	
Other contributory causes of importance:	
Arterial Hypertension	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A H Crowther M. D.

(Address) 4209 Fredrick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41171

CERTIFICATE OF DEATH

5-292a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 546 N. Gay Street. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY RAU

If U. S. Veteran specify WAR

(a) Residence: No. 546 N. Gay Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Hattie Rau

6. DATE OF BIRTH (month, day, year) Nov. 7, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Rau

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hattie Rau
(Address) 546 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date Nov 27 '37

19. UNDERTAKER Chas. Ulrich
(Address) 2008 Eutaw St.

20. FILED 19

NOV 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from November 17 1936 to November 24 1937

I last saw him alive on Nov. 23, 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Nephritis, Arterial Hypertension, General Arteriosclerosis	2 Years
	30 "
Other contributory causes of importance Cardiac Dilatation	1 Day

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Chaiken M. D.

(Address) 2025 E North Ave

F 41175

41175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28380--CM

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 14-2 Ward)

Length of residence in city or town where death occurred 48yrs yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nelson Lyles

(a) Residence: No. 524 Wilson St., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Sep. Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1862 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (10)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Watt Lyles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11-26-37

19. UNDERTAKER Mrs. George H. Holland

(Address) 1481 Druid Park Drive

20. FILED ... Registrar.

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937, to November 23, 1937

I last saw him alive on November 23 1937. Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lamphere M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 11176

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 W. McCulloh St. 11-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Lydings.

(a) Residence: No. 1006 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1872.

7. AGE: Years 65. | Months . | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: William Lydings.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Sophie Peek.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Ronie Lydings Bro. 1011 W. McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Cem. Date Nov 26 1937

19. UNDERTAKER (Address): Adolphus Hall 2 E. Lanvale St.

20. FILED: Nov 29 1937 Hunting for Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/23, 1937

22. I HEREBY CERTIFY That I attended deceased from 11/18 1937 to 11/23 1937

I last saw him alive on 11/23 1937 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal (Tachycardia Atrial)	DK

Other contributory causes of importance: over

Was an operation performed? V Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. N. Haley M. D.

(Address) 1775 Eutaw Pl.

1177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11177

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Ashland St. 10-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew - Crowder

(a) Residence: No. 1314 Ashland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thompson Sophronia Crowder

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Borden County Va

FATHER

13. NAME Richard Crowder

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Crowder

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Sophronia Thompson Crowder

(Address) 1314 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 26 1937

19. UNDERTAKER Lottie Brown

(Address) 1411 Ashland Ave

20. FILED ... Registrar

VSB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 1 1937
Myocarditis	

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Hosley Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Collins M. D.
Coroner

(Address) 509 Arsenal St

Dr. MANERI

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41178

CERTIFICATE OF DEATH

46-D F 41178

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Fallon

(a) Residence: No. 1010 W. Cross St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara D. Fallon

6. DATE OF BIRTH (month, day, year) Jan 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME John Fallon

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Evelyn Fallon

(Address) 1010 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov 27 37

19. UNDERTAKER Cushnie Bros

(Address) 1117 W Cross St

(No. 13153) Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937 to Nov 25 1937

I last saw h. alive on Nov 25, 1937. Death is said to have occurred on the date stated above, at 1.00 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset 1 3.5

Other contributory causes of importance:

Pulmonary Embolism

Was an operation performed? Yes Date of Nov 22, 1937

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant V. Maneri M. D.

(Address) 1006 Baltimore Nat. Bank

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4117?)

CERTIFICATE OF DEATH

107-A #28304 F 4117?)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital Records St. 2503 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy James

If U. S. Veteran specify WAR .....

(a) Residence: No. 2418 Annapolis Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/12/1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Harrison

14. BIRTHPLACE (city or town) (State or country) unk.

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 26, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3215 Edmondson Ave

20. FILED NOV 29 1937 Katie R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/16/ . 1937, to 11/24 . 1937.

I last saw her alive on 11/24 . 1937. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	?

Other contributory causes of importance:

Bronchopneumonia	
Otitis media	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. R. Williams . M. D.

(Address) B.C.H.

41180 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131 F 41180

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1602 McCulloh St. 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ellen Clarke. If U. S. Veteran specify WAR

(a) Residence: No. 1602 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND (or) WIFE of: James H. Clarke

7. DATE OF BIRTH (month, day, year): Oct

8. AGE: Years 72-1861 | Months Oct | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Essex Co Va

13. NAME: ?
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sarah E. Hall
(Address) 1602 McCulloh Street

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov. 26- 1937
Chapel

19. UNDERTAKER: Chas. H. Holland
(Address) 1631 Eutaw Place

RECEIVED NOV 26 1937 Funeral Director Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1937 to Nov. 23, 1937.
I last saw her alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Pickett M. D.
(Address) 1536 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 41181

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 841 McKim St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11/10/37.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL NOV 26 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED NOV 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937 to Nov. 19, 1937

I last saw her alive on Nov. 19, 1937. Death is said to have occurred on the date stated above, at 3:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset at birth
Congenital heart disease	
congestive heart failure	Nov 19
Stenosis of tricuspid	Nov 19

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... ; Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James A. Hayden, M. D.

(Address) Johns Hopkins Hospital

F 41182

1182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hospital St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Walls

(a) Residence No. 2202 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Walls

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Teresa Biniarz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr John Walls

(Address) 2202 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Nov 26. 1937

19. UNDERTAKER John M Weber

(Address) 1421 E Chase St

20. FILED Nov 29 1937 Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance: Congenital atelectasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1918 E. North Ave

41183 F 41183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 W. North Ave St., 15-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Joseph Engel

(a) Residence: No. 2737 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Engel

6. DATE OF BIRTH (month, day, year) Oct. 11 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Engel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward M. Engel
(Address) 2225 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/26/37

19. UNDERTAKER [illegible]
(Address) 5305 [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above. 6 am

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Ryan, Coroner M. D.

(Address) 1215 Hanover

S 6

4118!

F 4118!

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Bernardine Forge

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 28 April 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0069

10. Date deceased last worked at this occupation (month and year) April 1925

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adolphe Henry Forge

14. BIRTHPLACE (city or town) (State or country) Hamburg Germany

MOTHER

15. MAIDEN NAME Mary Johanna Wright

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Sister Stanislaus Sup. (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Nov. 27 19 37

19. UNDERTAKER Joe Block (Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Register.

Nov 27 1937 Interring for Milwaukee, Wis.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Nov 27 1937

I last saw her alive on Nov 23 1937. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance: Uremia	3d

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Autopsy Lat

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarthy M. D.

(Address) 1114 Harford Ave

E 11185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11185

CERTIFICATE OF DEATH

V169

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Souder

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Souder

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Louise Birkmeyer

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Nov. 27, 1937

19. UNDERTAKER Joseph B Cook
(Address) 2003 W. Baltimore St.

20. FILED , 19 No. Registrar

VSB 1937 Huntington Printing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of Skull	11/25/37

Other contributory causes of importance: Jumped from 3rd floor window

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11/25, 1937

Where did injury occur? Athol Ave Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place German aged Home

Manner of injury Jumping from window

Nature of injury Compound Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harter J Norris, M. D.
Coroner

(Address) 1822 W. Baltimore St.

M. D. B. 1268-9

41186 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41186

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. 310 W. Lanvale St. 11-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 3 ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Thomas L. Parrish

(a) Residence: No. 310 W. Lanvale St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Margaret B W. Parrish

7. DATE OF BIRTH (month, day, year) Jan 7-1848

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1186

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bay View Md

13. NAME Morris B. Parrish

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Lytle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT S. Wallis Parrish

(Address) 4004 Roseland ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Fernwood Cem Date Nov 24 1937

19. UNDERTAKER P. Markland Low

(Address) White Stone Md

NOV 26 1937 Lexington Filtration Plant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1937 to Nov 26 1937

I last saw him alive on Nov 25 1937 Death is said to have occurred on the date stated above, at 7-20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis	1929
Chronic Interstitial Nephritis	1929
Other contributory causes of importance:	
Cardiac Hypertrophy —	1930

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Herbert F. Hellmann M. D.

(Address) 6 East Biddle St

41187 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 41187

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 517 W Arlington Ave St. 18-2 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 32 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Alida Curry Grigsby
(a) Residence: No. 517 W. Arlington Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced (HUSBAND or WIFE of): J. Arnett Grigsby.
6b. DATE OF BIRTH (month, day, year): November 17 1900
7. AGE: Years 37; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Hampton Va.
13. NAME: Joseph M. Curry.
14. BIRTHPLACE (city or town) (State or country): Whitestone Va.
15. MAIDEN NAME: Louise Hollgus
16. BIRTHPLACE (city or town) (State or country): Ellicott City Md.
17. INFORMANT: J. Arnett Grigsby
(Address): 517 W. Arlington Ave
18. BURIAL, CREMATION, OR REMOVAL: Arbutus Memorial Park Nov. 27 1937
19. UNDERTAKER: Robert H. Cornell & Son
(Address): 804 W. Baltimore St.
NOV 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 24. 1937
22. I HEREBY CERTIFY, That I attended deceased from April 1937 to Nov 24 1937
I last saw her alive on Nov 24 1937 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	April 1937
Other contributory causes of importance: Extreme Hypertension	April 1937
Pulmonary Oedema	Nov 23, 1937

Was an operation performed? no Date of
For what disease or injury? none
Name of operation none Was there an autopsy? No
What test confirmed diagnosis? Physical
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) R J Young M. D.
(Address) 1424 E Monument St

F 41188

41188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B #28472

SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 9-G Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J Murphy

(a) Residence: No. 1419 Ensor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

7. DATE OF BIRTH (month, day, year) 8/15/1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Timothy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Dorsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Nov 22 1937

19. UNDERTAKER Edwin W. Conkelin Son

(Address) 924 Eraser St

19 FILED Nov 26 1937 Registrar

Funeral for Wednesday, 11 a.m.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1937

22. I HEREBY CERTIFY, That I attended deceased from November 22 1937 to November 24 1937

I last saw him alive on November 24 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santille M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4118?) CERTIFICATE OF DEATH 49a F 4118?)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N. COLLINGTON AVE. St., 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CATHERINE. (KATIE) LOTZ

If U. S. Veteran specify WAR

(a) Residence: No. 615 N. COLLINGTON AVE. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) MAR. 1 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME MICHAEL LOTZ.

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME SUSANE SCHWARTZPHOP

16. BIRTHPLACE (city or town) (State or country) GRMANY

17. INFORMANT SUSANE LOTZ. SISTER
(Address) 615 N. COLLINGTON AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date NOV. 29 1937

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 402 S. WOLFE ST

20. FILED ... 19 ... Registrar

NOV 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37 19... to 11-25-37 19...
I last saw her alive on 11-24-37 Death is said to have occurred on the date stated above, at 12:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	about 2 yrs. ago
Peritonitis,	4 days
Acute Cardiac Dilatation	1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Reginald Burnett M. D.

(Address) 615 N. Collington Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

41198) CERTIFICATE OF DEATH ✓ 46-B T 41190

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Fairview Ave. St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Murphey

If U. S. Veteran specify WAR

(a) Residence: No. 3907 Fairview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Murphey

6. DATE OF BIRTH (month, day, year) Feb 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Victoria

MOTHER FATHER

13. NAME Jos. A. Barnes

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Florence A. Weeden

(Address) 3907 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Denton Md Date Nov 29 1937

19. UNDERTAKER Virgil Moore

(Address) Denton Md

NOV 26 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937, to Nov. 26, 1937

I last saw h[illegible] alive on Nov. 25, 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach	Summer about 6 mos. ago
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Schnell M. D.

(Address) 3716 Tunis Parkway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41191 F 41191

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 N. Calvert St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mackubin Mackubin

If U. S. Veteran specify WAR

(a) Residence: No. 2441 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Mackubin

6. DATE OF BIRTH (month, day, year) July 5. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1909

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk with B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt

FATHER

13. NAME Thomas Mackubin

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Julia Mapps

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Jno. Paul Mackubin

(Address) 32 Whitridge Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date Nov 27 1937

19. UNDERTAKER Wm. J. Troxell & Son

(Address) North Ave.

20. FILED NOV 26 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 11/24/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Craig Coroner, M. D.

(Address)

41192 HEALTH DEPARTMENT—CITY OF BALTIMORE 41192

CERTIFICATE OF DEATH ✓ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 N. Longwood St.) (1167) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Emil Myles

(a) Residence: No. 1150 N. Longwood St. Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of: David H. Myles.

6. DATE OF BIRTH (month, day, year): Oct. 1, 1843

7. AGE: Years 94 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Talbot Co Md.

FATHER

13. NAME: Hopkins Haddaway

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Amelia Leaverton

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. H. C. Myles.

(Address) Montreal Canada

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Nov 27 37

19. UNDERTAKER: Wm Fischer Sons

(Address) Pratt & Pearl.

20. FILED NOV 29 1937 By Registrar

Hampton White, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 4 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of Left Femur

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11 20 1937

Where did injury occur? 1150 Longwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home walking around bed

Manner of injury Fell in room

Nature of injury Fracture of Left Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hain Lazenby Coroner

(Address) 1215 Hanover St.

1

11193 E 11193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27455 VMB 91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Holland

If U. S. Veteran specify WAR none

(a) Residence: No. 1506 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 5/10/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Holland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Sacks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov 27/37

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St.

20. FILED 1937 Huntington Williams, N.T.
(Registrar)

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1937 to November 25, 1937

I last saw him alive on November 25, 1937. Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Sept. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

F 11194

1194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Williams (28023) If U. S. Veteran specify WAR

(a) Residence: No. 428 N. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 25, 1899

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ft 47

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Nick

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary E. Britt

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date NOV 26 1937 19
Title Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 26 1937 Harrington Williams M.D. Registrar.
Stat 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21 1937

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1937 to November 21, 1937
I last saw him alive on November 21, 1937 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? ..... no

Name of operation .....

What test confirmed diagnosis: Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1195 V131 F 41195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Poppleton St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda E. Burke

If U. S. Veteran specify WAR .....

(a) Residence: No. 122 N Poppleton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas W Burke Sr.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ? ?

12. BIRTHPLACE (city or town) (State or country) Hillsboro Va

FATHER

13. NAME Benjamin Kirby

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Wootton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT J. W. Burke Jr

(Address) 122 N Poppleton.

18. BURIAL, CREMATION, REMOVAL St Pauls

PLACE Arcadia Md Date Nov 29 1937

19. UNDERTAKER Edw C Gilston

(Address) Hampstead Md

20. FILED 1937 Hamilton Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1937 to Nov 26 1937

I last saw h..... alive on Nov 25 1937. Death is said to have occurred on the date stated above, at 2 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	about 1 yr.
Other contributory causes of importance: Pul. Oedema	
Dilated Heart	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Norwood M. D.

(Address) 939 W Fayette

37794 11196

HEALTH DEPARTMENT—CITY OF BALTIMORE 11196

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ledura

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 S. Conklin St., St. -Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/22/36

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
1	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Ledura

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Elsie Munro

16. BIRTHPLACE (city or town) (State or country) Pa -

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood cem. Date Nov 27 1937

19. UNDERTAKER George W. Gipkle
(Address) 1737 E. Eager St.

20. FILED Nov 29 1937 Huntington Williams, Registrar

O H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1937 to Nov. 24 1937

I last saw him alive on Nov. 24 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	11-10-37
Pulmonary tuberculosis	3-1-37

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stokes Jr. M. D.

(Address) Johns Hopkins Hospital

F 41197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1197 ✓92-a cc

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 1877
CITY OF BALTIMORE: (No. Bay View St., 46 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Jennie Hemmeyer
(a) Residence No. 302 N. Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Henry Hemmeyer

6. DATE OF BIRTH (month, day, year) Aug 16 1875

7. AGE Years 62 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 3 Weeks ago | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER
13. NAME John Thomas
14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER
15. MAIDEN NAME Jane Daniels
16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Henry Hemmeyer husband
(Address) 302 N. Pearl St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Nov. 29, 1937

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eagle St

20. FILED Nov 26 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy or Inquiry thereon and from the evidence obtained by said ~~Inquest~~ Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes, of importance were as follows:

	Date of onset
Valvular heart disease	1 Yr.
Arterio-sclerosis. Cyanosis	Unk.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.
(Address) 1712 N. Broad St.

Nov 26 1937 19 Registrar.

V S 6

1198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11198

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Edmondson Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John D. Quinn

If U. S. Veteran specify WAR

(a) Residence: No. 3711 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Wh

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha B Quinn

6. DATE OF BIRTH (month, day, year): Nov. 24. 78

7. AGE: Years 59 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dr

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lowell Mass.

FATHER

13. NAME: Maurice Quinn

14. BIRTHPLACE (city or town) (State or country): Warren New Hampshire

MOTHER

15. MAIDEN NAME: Mary A Dalton

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Martha B Quinn

(Address) 3711 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov 27. 37

19. UNDERTAKER: Chas. S. Black

(Address) 742 W Baltimore Ave

20. FILED 19 Registrar

NOV 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	(instant)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W J Hamm M. D.

(Address) 832 W Baltimore St

(Barlage) F 11199

HEALTH DEPARTMENT—CITY OF BALTIMORE

1937 81

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Poplar Grove St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Barlage

If U. S. Veteran specify WAR .....

(a) Residence: No. 1536 Poplar Grove St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret E. Benson

7. DATE OF BIRTH (month, day, year): Jan. 23, 1887

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Funeral Director

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: Bernard J. Barlage

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Anna Gunter

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Margaret E. Barlage

(Address) 1536 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 11/29/37

19. UNDERTAKER: John J. Fahey & Sons

(Address) 131 E. Lexington St.

20. FILED ... 19... Registrar

Huntington Williams, M.D.

5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to November, 1937

I last saw him alive on November 19, 1937. Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular atrophy	1936
Other contributory causes of importance: myocarditis	1937

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilmer Ford M. D.

(Address) 202 Preston St.

Genevieve 1200

HEALTH DEPARTMENT—CITY OF BALTIMORE

1200

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital S. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. -- mos. 3 da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME Genevieve R. McGlannan

If U. S. Veteran specify WAR

(a) Residence: No. 8 Montrose Ave. St., Catonsville Ward.

(Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter M. McGlannan

7. DATE OF BIRTH (month, day, year) [illegible]

7. AGE: Years 51; Months ---; Days ---; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Melissa F. Mansfield

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary C. —

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Francis McGlannan

(Address): 8 Montrose Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 11/27 1937

19. UNDERTAKER: Henry A. Meaux and Son

(Address): 800 N. Eutaw St.

20. FILED [illegible] 19 Registrar.

26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1937, to 11-25, 1937

I last saw h[illegible] alive on 11-25, 1937 Death is said to have occurred on the date stated above, at 12:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma (portal) of liver	1936?
(2) Ruptured esophageal varix	11-22-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. P. Lisansky M. D.

(Address) Mercy Hospital.

...ec.—2-29-28—L. F. S.—500 Bks.

(Koepf)

F 41201

201

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-B

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 W Balto St. ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emil Koepf

(a) RESIDENCE NO. 902 W Balto St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Koepf

DATE OF BIRTH (month, day, and year) May 6, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Bertha Meyers (Daughter)

(Address) 403 Pitman Place

Filed NOV 26 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24/1937

17 I HEREBY CERTIFY, That I attended deceased from Nov-18 . 1937 . to Nov 24 . 1937; that I last saw h/ alive on Nov 23 . 1937 and that death occurred, on the date stated above, at 2 am m.

The CAUSE OF DEATH* was as follows:

Lung abscess — left base —

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis.

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Atlas M.D. M. D.

. 19 (Address) 4 N. Fulton Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Nov. 27 1937

20 UNDERTAKER Charles W. Dill.

ADDRESS 3109 Frederick Ave.

1202 F 11202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 504 W. Montgomery St. (Ward) 22-2

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Frisch

If U. S. Veteran specify WAR

(a) Residence: No. 504 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Valentine Frisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Krause

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Allen

(Address) 504 W. Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Nov 27, 1937

19. UNDERTAKER Fred. A. Krause & Son

(Address) 1816 N. Charles St.

20. FILED 19

28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937 to Nov 24, 1937

I last saw him alive on Nov 24, 1937 Death is said to have occurred on the date stated above, at 5:01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Cerebral Hemmorhage	11/20/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Usual (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. F. Krupp, M. D.

(Address) 3030 Eastern Ave

F 11203

HEALTH DEPARTMENT—CITY OF BALTIMORE

11203

CERTIFICATE OF DEATH

2014--07-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1927 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna F. Munson

(a) Residence: No. 330 S. Monroe St., (son moved) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unk.

DATE OF BIRTH (month, day, year) 4-11-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	-- 7	22 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Charles Heaverly

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Hannah Bell

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Iggone Pa Date 11/27/37

19. UNDERTAKER Robert Burns & Son

(Address) Calhoun & Fayette sts

27 1937 Huntington Williams, N.P. Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to November 26 1937

I last saw h[illegible] alive on November 26 1937 Death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11-23-37

Other contributory causes of importance: Gall stones — Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lamballe M. D.

(Address) Baltimore City Hospitals

11201 F 11201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Raspe Ave. St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward G. Harris

(a) Residence: No. 4208 Raspe Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna B. Harris

DATE OF BIRTH (month, day, year) March 28, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Nov. 25rd, 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

13. NAME James J. Harris

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

15. MAIDEN NAME Ella Gray

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT (Address) Mrs. Harris, 4208 Raspe Ave.

18. BURIAL, CREMATION, OR REMOVAL
If ..... Place Baltimore Cem. Date Nov. 29 1937

19. UNDERTAKER Frederick Lorsch Son
(Address) 7401 Beldair Road

(Signed) ..... Registrar.

19 1937 Huntington Pittsburgh Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1937, to Nov 25th, 1937

I last saw h.. alive on Nov 25, 1937 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis Pectoris	Sept 1932
Other contributory causes of importance:	
Arterio Sclerosis	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edward Berman M. D.

(Address) 1 W. Oxford

✓ F 41205

205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Brook Balto Gen St. 23-2 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur F. Mitchell

(a) Residence: No 1205 Patapsco St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Mitchell

6. DATE OF BIRTH (month, day, year) July 2-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME James Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Sullivan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. ARRANGMENT (Address) Mrs Annie M Mitchell 1205 Patapsco Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Nov. 27 1937

19. UNDERTAKER (Address) John F. Henry 715 Light St

1937 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11-25-37

Where did injury occur? Mar 12th St Brooklyn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How injury occurred Struck by Auto driven by White

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Hartman Hagerty M. D.

(Address) 902 N Charles Attending

V S 6

✓ F 11206

1206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles N. Bisely, Jr.

(a) Residence: No. 2833 Clifton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 5, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles N. Bisely

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Cave

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Charles N. Bisely
(Address) 2833 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov. 29, 37

19. UNDERTAKER John J. Denny
(Address) 715 Light St.

FILED 27 1937 [illegible] Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Nov. 24, 1937

I last saw him alive on Nov. 24, 1937. Death is said to have occurred on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hydrocephalus	Birth
Other contributory causes of importance:	
Malnutrition	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry L. Rigdon, M. D.

(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11207

11207

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 John St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Goldie Dougherty

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1216 John St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ or ~~Divorced~~, Widowed. (write the word): Widowed

6. If ~~married~~, widowed, or ~~divorced~~, ~~HUSBAND~~ (or) WIFE of Wm Grant Dougherty

7. DATE OF BIRTH (month, day, year) Aug 5th about 1859

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	80	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME William Goldy

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Caroline Kerner

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) W. H. D. Morrison 1216 John St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Nov 27th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ..... 19..... Registrar.

11937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1937 to 11-25 1937

I last saw h.. alive on 11-25 1937. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cerebral Hemorrhage	Nov 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Dorsey M. D.

(Address) 1129 St. Paul St.

H. D. B. 1268-9

✓ F 11208

1208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27-5-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Fleetwood Ave. St., Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Ellrich

(a) Residence: No. 4009 Fleetwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Ellrich

DATE OF BIRTH (month, day, year) June 23, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Hoff

14. BIRTHPLACE (city or town) (State or country) Unknown Switzerland

15. MAIDEN NAME Mary Cooney

16. BIRTHPLACE (city or town) (State or country) Unknown Switzerland

17. INFORMANT Mr. Herman Ellrich
(Address) 4009 Fleetwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 29, 1937

19. UNDERTAKER Frederick Langenfelder & Son
(Address) 7401 Belair Road

(Filed) NOV 27 1937 (Signed) Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Cardiac Failure	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1119 E. North Ave.

11209

HEALTH DEPARTMENT—CITY OF BALTIMORE

11209

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2020 Mt. Royal Terrace, 13-2 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Blum-

If U. S. Veteran specify WAR

(a) Residence: No. 2020 Mt. Royal Terrace, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Likes Blum

6. DATE OF BIRTH (month, day, year) Dec. 6, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Solomon Blum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Hess

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edw. L. Blum,
(Address) 2020 Mt. Royal Terrace.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Balto. Hebrew Cem Nov. 28, 1937

19. UNDERTAKER David Sondheim & Son.
(Address) 1902 Eutaw Place.

20. FILED [illegible] Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/21/37, 19 to 11/25, 1937

I last saw him alive on 11/25, 1937 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	(11/25/37)
Coronal arteriosclerosis	1930

Other contributory causes of importance:

Pyelo nephritis	1936
Visceral Calculus	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible], M. D.

(Address) 2320 Eutaw Place.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11210

CERTIFICATE OF DEATH

93-D F 11210

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E. 30th St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas S. Adams

If U. S. Veteran specify WAR

(a) Residence: No. 1711 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alta E. Adams

7. DATE OF BIRTH (month, day, year) April 3, 1894

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10?

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va.

13. NAME Anthony Adams

14. BIRTHPLACE (city or town) (State or country) Danville Va.

15. MAIDEN NAME Maggie Hutchinson

16. BIRTHPLACE (city or town) (State or country) Danville Va.

17. INFORMANT Alta E. Adams

(Address) 1711 E. 30 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov 27 1937

19. UNDERTAKER George W. Finkler

(Address) 1737 E. Eager St

DATE 11 27 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to Nov 26, 1937

I last saw him alive on Nov, 25, 1937 Death is said to have occurred on the date stated above, at 12:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1936
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. A. Finnemann M. D.

(Address) 2365 Harford Rd

✓ F 41211

1211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28242--CM

95-13

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City hospts. St., 8-2 Ward)

Length of residence in city or town where death occurred 38yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Brown

(a) Residence: No. 1701 N. Montford Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George (D)

7. DATE OF BIRTH (month, day, year) 1-?-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John Meyers

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Records of Balto. City hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 29/37

19. UNDERTAKER Stewart & Mowen Co.
(Address) 102 W. North Ave.

20. FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1937, to November 26, 1937.

I last saw her alive on November 26, 1937. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Sautelle M. D.

(Address) Baltimore City Hospitals

11212 E 11212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 E. Oliver St. St., 8-6 Ward)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 21 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME George Schick

(a) Residence: No. 1914 E. Oliver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Schick.

7. DATE OF BIRTH (month, day, year) June 5, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50		5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Schick Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Regina Hefner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elsie Schick.

(Address) 1914 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 11/29/ 1937

19. UNDERTAKER Howard N. Bright Jr.

(Address) 4914 Belair Road.

20. FILED 19 Registrar

11 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6 1937 to November 26 1937

I last saw him alive on November 26 1937 Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C.V. Disease	?
Aortic Insufficiency	?
Cardiac Insufficiency	Nov. 26

Other contributory causes of importance

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Samuel L. Egum, M. D.

(Address) 1701 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

41213

CERTIFICATE OF DEATH

46-D F 41213

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Euclid Ave. St. 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth W. Kassakatis

(a) Residence: No. 4201 Euclid Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Button Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Herman A. Kassakatis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katharine M. Horz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anna K. Kassakatis 4201 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov. 27 1937

19. UNDERTAKER (Address) Frederick A. Pole 2200 N. Fremont St

20. FILED Huntington Williams, M.D.

NOV 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10 1936 to November 25 1937

I last saw her alive on November 25 1937 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	? Unknown
Other contributory causes of importance: Oedema and Obstruction	

Was an operation performed? Yes Date of ?

For what disease or injury? Disease above

Name of operation Colostomy.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Amelia E Link M. D.

(Address) 1717 N. Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41214

CERTIFICATE OF DEATH

46-B F 41214

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Presstman St. 16-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva E. Scully

(a) Residence: No. 2802 Presstman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Scully

DATE OF BIRTH (month, day, year) Aug 26, 1896

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Vincent Pladas

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Elizabeth Sadusker

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos. J. Scully
(Address) 2802 Presstman

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov. 29, 1937

19. UNDERTAKER Margaret G. Flynn
(Address) 112 Light St.

NOV 27 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1937, to Sept. 3, 1936

I last saw her alive on Aug. 27, 1937. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with metastasis

Date of onset 1936 (?)

Other contributory causes of importance:

Cachexia

Was an operation performed? Yes Date of June 7, 1936

For what disease or injury? above

Name of operation Antrum Gastro-Enterostomy

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Bynum Lenson Landis, M. D.

(Address) 122 X Bloomingdale Rd

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41215

CERTIFICATE OF DEATH

× 131 F 41215

1. PLACE OF DEATH Jenkins Memorial Hospt 25-1

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Barry

(a) Residence: No. Emmitsburg, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

13. NAME ? Barry

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Jenkins Memorial Hosp 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place St Anthonys Cem Emmitsburg Md Date Nov 29, 37

19. UNDERTAKER (Address) M L Creager + Son Thurmont Md

20. FILED NOV 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937 to November 26, 1937

I last saw h[illegible] alive on November 26, 37 Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-18-37
Hypertensive Cardiovascular Renal Disease	?

Other contributory causes of importance:

Name of operation None : Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shuman C. M. D.

(Address) Jenkins Memorial

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41216

CERTIFICATE OF DEATH

209-M F 41216

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Falls Rd & Clarks Hill Rd. Ward)

Length of residence in city or town where death occurred 11 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine A. Coop.

(a) Residence: No. 522 Dennison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ WIFE of the late Benjamin COOP

6. DATE OF BIRTH (month, day, year) Jan 24 - 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Adam Heiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Heller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Otto

(Address) 523 Dennison St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemty Date 11/29/37 19

19. UNDERTAKER Geo H. Lembach

(Address) 515 N. Eutaw St

Huntington Williams Md
Residence

NOV 27 1937

MEDICAL CERTIFICATE OF DEATH 11-25

21. DATE OF DEATH (month, day, year) 11.40 PM 11-25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Injury (Inquest on her 501) Her fractured skull — Date of onset

Knocked down by street Car. Crossing car track

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John A Evans M. D.
Coroner

(Address)

Cor.—10-10-29—A Co.—100 Blks.

F 41217 F. 41217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 209M

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hospital St. 27-13 Ward)

2-FULL NAME Frederick J. Coop

(a) RESIDENCE NO. 5811 Clark's Hill St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Coop

6 DATE OF BIRTH (month, day, and year) February 14, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or . min.
	62	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick Coop

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Mary E. Coop
(Address) 5811 Clark's Hill

15 Filed ..... 19 ..... Registrar

27 1937

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 26, 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Knocked down by a street car at Falls Rd. & Clark's Lane

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted — If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schenken M. D.

, 19 (Address) 1918 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Nov. 29, 19 3

20 UNDERTAKER Horace F. Burgee 3631

ADDRESS Falls Road

M. D. B. 1268-9

E 11218

1218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Lanvale St., 17-2 Ward)

Length of residence in city or town where death occurred Life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeremiah Truett

(a) Residence (No. 606 N. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Francis Truett

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) 1932

11. Total-time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Truett

16. BIRTHPLACE (city or town) (State or country) Snowhill Md

17. INFORMANT Mrs Francis Truett Wife

(Address) 606 N Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 27th 1937

19. UNDERTAKER Elroy E Wilson

(Address) 1001 Pennsylvania Ave

20. FILED Nov 27 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17th 1937 to Nov. 27th 1937

That I last saw ... alive on Nov. 27th 1937 Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral Regurgitation	July 1937
I. F.	

Other contributory causes of importance:

Obstruction	July 1937

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Lanzenbach M. D.

(Address) 2218 St Paul St

F 11219

1219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornellia Head

(a) Residence: No. 856 Vine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert

DATE OF BIRTH (month, day, year) 5/1/1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	39	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. p 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME James Steven

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Irene Kennedy

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chester. S.C. Date 11/28 37

19. UNDERTAKER Wm A Jackson

(Address) 916 Penn Ave

Nov 1937 Huntington Williams Registrar.

B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26 1937

22. I HEREBY CERTIFY, That I attended deceased from November 6 1937 to November 26 1937

I last saw her alive on November 26 1937 Death is said to have occurred on the date stated above, at 5.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-21-37

Other contributory causes of importance:

Osteomyelitis L tib	October 1937
Diabetes mellitus	Unknown

Was an operation performed? Yes Date of 11-9-37

For what disease or injury? Osteomyelitis L tib

Name of operation Amputation L leg

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

11220 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11220

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Tuttle

(a) Residence: No. West Ave Spanos St., NB. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Eva M. Tuttle

7. DATE OF BIRTH (month, day, year) April 8, 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heater 8086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Mill

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Bellevernon Pa

13. NAME Eli Tuttle

14. BIRTHPLACE (city or town) (State or country) Uniontown Pa,

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Uniontown, Pa

17. INFORMANT John W. Tuttle

(Address) 319 West Ave Spanos St

18. BURIAL, CREMATION, OR REMOVAL

Place Bellevernon Pa Date Tues. Nov 30, 1937

19. UNDERTAKER Leonard L. Brennan Sons

(Address) 2100 25 St

20. FILED Nov 23 1937 Huntingdon Wilkinson Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937, to Nov. 27, 1937

I last saw HIM alive on Nov. 21, 1937 Death is said to have occurred on the date stated above, at 7:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
JACKSONIAN EPILEPSY	1937
P.C. ATELECTASIS, LEFT	Nov
EXPLORATORY CRANIOTOMY	

Other contributory causes of importance:

CHRONIC FIBROID TUBERCULOSIS

Was an operation performed? YES Date of Nov 26/1937

For what disease or injury? JACKSONIAN EPILEPSY

What test confirmed diagnosis? CLIN. Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Roland E. Biener, M. D.

(Address) University Hospital

11221

337406

HEALTH DEPARTMENT—CITY OF BALTIMORE

11221

CERTIFICATE OF DEATH

X 7-5 - V 157-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. X St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Gale Kembel

(a) Residence: No. Valley View Pa St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/8/37

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Lee Kembel

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Alvina Reesler

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Valley View Pa Date 11/28/37

19. UNDERTAKER William Crook
(Address) 217 St Paul St

20. FILED NOV 29 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1937, to Nov 26, 1937

I last saw him alive on Nov 26, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	??

Other contributory causes of importance:

Was an operation performed? yes Date of 11-13-37

For what disease or injury? Hydrocephalus

Name of operation 3rd Ventriculostomy

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Weston M. Kelsey M. D.

(Address) Johns Hopkins Hospital

F 41222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41222 ✓ 46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E 21st St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Civil

2. FULL NAME Richard H. Ahler

(a) Residence: No. 426 E 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Ahler

7. DATE OF BIRTH (month, day, year) June 16 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. R. Co.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Fulton Ahler

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Sara Jones

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josephine Ahler

(Address) 426 E 21st St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date 11 29 37

19. UNDERTAKER Fulton Cook Co

(Address) 1217 W Fayette

20. FILED 19 Registrar

NOV 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Nov 26, 1937.

I last saw h.i.m alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of Return	

Other contributory causes of importance:

Was an operation performed? yes Date of Apl 37

For what disease or injury? Colostomy

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh Forsythe M. D.

(Address) 424 E North ave

11223 HEALTH DEPARTMENT—CITY OF BALTIMORE 11223

CERTIFICATE OF DEATH ✓100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. 4-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Kenney If U. S. Veteran specify WAR No Record

(a) Residence: No. 1624 Belt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced, HUSBAND of Ida May Mitchell Kenney

DATE OF BIRTH (month, day, year) July 3rd 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	23	

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Retired Locomotive-Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R R. Co

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Thomas Kenney

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah (McKenna)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lola Corbett (Address) 1624 Belt St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Nov 29th 37

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

NOV 23 1937 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1937 to 11-26, 1937

I last saw him alive on 11-25, 1937. Death is said to have occurred on the date stated above, at 9:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/25

For what disease or injury? Ext. Hemorrhoids

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elton Resnick M. D.

(Address) South Balto Gen Hosp

11221 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11221

CERTIFICATE OF DEATH V1246-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-8 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Smith (Schmidt) If U. S. Veteran specify WAR No Record

(a) Residence: No. 1411 W. 36th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~WIFE of~~ unknown Sadie Smith

DATE OF BIRTH (month, day, year) 6/3/1866 or 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 or 56	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John or William Smith

14. BIRTHPLACE (city or town) (State or country) unk.

15. MAIDEN NAME Margaret Reese

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Nov 29th 37

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St.

20. FILED ..... 19..... Registrar .....

NOV 28 1937 Huntington Whitsett, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-6 . 1931 to 11-26 . 1937

I last saw him alive on 11-25 1937. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Adenocarcinoma of Sigmoid Colon	Unknown
Acute intestinal obstruction	10 days
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-17-37

For what disease or injury? Intestinal obstruction

Name of operation Release of intestinal obstruction

What test confirmed diagnosis? ~~Clinical~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) E. K. Richardson Jr. M. D.

(Address) Balto. City Hosp.

41225

E 41225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2768 Alameda St. 9-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Keseling

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2768 Alameda St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis J. Keseling

6. DATE OF BIRTH (month, day, year) Aug 16, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawk 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 11-22-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Samuel K. Heisler

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary Harman

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Lewis J. Keseling

(Address) 2768 Alameda

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 30 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-23-1937 to 11-26-1937

I last saw her alive on 11-26-1937 Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days
Other contributory causes of importance: Chronic Myocarditis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Tybert M. D.

(Address) 2802 Harford Ave

41226 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11226

CERTIFICATE OF DEATH V 94-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1622 Morland Ave Ward) 25-3
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. da.

2. FULL NAME Abraham H. Block
If U. S. Veteran specify WAR

(a) Residence: No. 1622 Morland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year)

7. AGE Years 47 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coat
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11/28/37 19

19. UNDERTAKER Jack Lewis Dyk
(Address) 1439 Eutaw St

20. FILED NOV 29 1937 H. Tipton Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16th, 1937 to Nov. 26, 1937
I last saw him alive on Nov. 26, 1937 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hypertension	1931
Arterio Sclerosis	1937
Other contributory causes of importance: coronary thrombosis	1937

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. Nicholson M. D.
(Address) 2230 Eutaw Pl

11227 E 11227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 15-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2910 Reisterstown Road (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Wallenstein

(a) Residence: No. 2910 Reisterstown Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred H. Wallenstein

6. DATE OF BIRTH (month, day, year) Dec. 7 1876

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
60	70	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. Baumgarten

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Betsy Bamberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. F. H. Wallenstein
(Address) 2910 Reisterstown Road

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Balto. Hebrew Cy. Date Nov. 29 1937

19. UNDERTAKER David Gendelman & Son
(Address) 1902 Eutaw Place

20. FILED 29 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Nov 27 1937

I last saw h[illegible] alive on 11-15 1937. Death is said to have occurred on the date stated above at 2.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	Dec 1936

Other contributory causes of importance:
acute Cardiac Failure
Sudden death

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ... 19...

Where did Injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. McLean M. D.

705 Address Medical Arts Bldg.

F 11228

HEALTH DEPARTMENT—CITY OF BALTIMORE

11228

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Ulman ave St. 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosie Singer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2812 Ulman ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Louis Singer

7. DATE OF BIRTH (month, day, year): 1861

8. AGE: Years 76 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Emanuel Futerman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Leah ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Louis Singer

(Address) 2812 Ulman ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Rd Date Nov 28 1937

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Baltimore St

20. FILED ..... 19..... Registrar.

Nov 28 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19 27 to Nov 26 19 37

I last saw h 2 alive on May 26, 19 37 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of gall bladder	1936
Other contributory causes of importance: diabetes mellitus	1926
hypertension	1932

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emanuel Futerman M. D.

(Address) 210 Eutaw Place

E 1122)

1122)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Boundary~~ Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Rogers If U. S. Veteran specify WAR .....

(a) Residence: No. Riderwood Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Wm. Rogers

6. DATE OF BIRTH (month, day, year) 5/25/69

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Michael Creighton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Wm. Rogers
(Address) Riderwood Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Marie, Towson Date 11/29/37 19

19. UNDERTAKER John F. Fisher Towson
(Address) Towson Md.

20. FILED ..... 19..... ..... Registrar

NOV 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/23 1937 to 11/26 1937 I last saw h.e alive on 11/26 1937 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Hypertension C. V. disease

Coronary Occlusion

Other contributory causes of importance:

Intussusception

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? E. K. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. B. Marsh M. D.

(Address) Bon Secours Hosp.

F 11230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-1 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Gainey If U. S. Veteran specify WAR

(a) Residence: No. 1602 Prestman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 2/20/58

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Elizth Gainey

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Jane Robinson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 28 1937

19. UNDERTAKER Thomas G. Nelson
(Address) 1303 Prestman St.

20. FILED ..... 19 ..... Registrar

Hunting for Williams

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937 to Nov 20, 1937

I last saw her alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix uteri	June 1937
Other contributory causes of importance: Cerebral hemorrhage ?	Nov. 17 37

Was an operation performed? Yes Date of Nov 18, 1937

For what disease or injury? Carcinoma

Name of operation Dilation & Curretage of Uterus

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline Jackson, M. D.

(Address) Johns Hopkins Hospital

F 11231

11231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Kate Murdock

(a) Residence: No. Hampstead, Md St., ... Ward. Hamstead, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

3. If ~~married~~, widowed, or ~~divorced~~
~~Husband~~ of (or) WIFE of Joshua Murdock

DATE OF BIRTH (month, day, year) Feb 22-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Adam Leppo

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Emily Ruby
(Address) Hampstead Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Lanston Church, Carroll Co Date Nov 30 1937

19. UNDERTAKER Edw C Tipton
(Address) Hampstead Md

20. FILED ..... 19 ..... Registrar.

29 1531 Huntingtown Primaries 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1937 to Nov. 27 1937

I last saw her alive on Nov. 26 1937 Death is said to have occurred on the date stated above, at 6 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of uterus	?
Pelvic peritonitis	11-21-37
Hypertension cardio-vascular disease	

Other contributory causes of importance:

Carcinoma of right breast metastasis to axilla	?
Generalized arteriosclerosis	?

Was an operation performed? Yes D & C Date of 11-12-37

For what disease or injury? Carcinoma of Uterus

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. A. Revell Jr. M. D.

(Address) Univ. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41232

CERTIFICATE OF DEATH

41232

Registered No. 1332

1. PLACE OF DEATH South Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St. 24 Ward 3)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Marguerite Schmidt — If U. S. Veteran specify WAR .....

(a) Residence: No. Sulphur Spring Road St., Arbutus, Md. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Alvin Schmidt

DATE OF BIRTH (month, day, year) Sept 28 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arbutus Md.
13. NAME George Craft
14. BIRTHPLACE (city or town) (State or country) Ballo Md.
15. MAIDEN NAME Lillie Billups
16. BIRTHPLACE (city or town) (State or country) Hallchops Miss.
17. INFORMANT Mrs Alvin Schmidt
(Address) Arbutus Md.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Nov 29, 37
19. UNDERTAKER H. B. Hilgart & Son
(Address) 1300 Eutaw St.
20. FILED Nov 29 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/37 19

22. I HEREBY CERTIFY, That I attended deceased from 9/23/37, 19..., to 11/26/37, 19...
I last saw h.... alive on 11/26/37, 19... Death is said to have occurred on the date stated above, at 945 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peri-renal abscess, Left	?
Other contributory causes of importance: Pyelonephritis, bilateral	?
Chronic nephritis	?

Was an operation performed? Yes Date of 10/22/37
For what disease or injury? Peri-renal abscess, Left
Name of operation (1) Incision & drainage (2) Nephrostomy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dennis M. Lupo M. D.
(Address) 1213 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1233 1233

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 660 E. 35th — St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. Unmarried. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte A. Kirby

(a) Residence: No. 660 E. 35th — St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles B. Kirby

7. DATE OF BIRTH (month, day, year) April 10 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME OF FATHER Amos Overby

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME OF MOTHER Sallie Butt

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Mrs. Elizabeth Cook

(Address) 660 E. 35th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 29 - 37

19. UNDERTAKER J. B. Stappert & Son

(Address) 300 East 23rd Place

20. FILED NOV 28 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 18 - 1937 to 11 - 26 - 1937

I last saw her alive on Nov 25 1937 Death is said to have occurred on the date stated above, at 7-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rt arm & chest wall	About 4 years.
Other contributory causes of importance:	
	(4 years)

Was an operation performed? Yes. Date of Unknown

For what disease or injury Carcinoma mole

Name of operation Excision mole

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. B. Egbert M. D.

(Address) 7802 Harford Ave

41234

HEALTH DEPARTMENT—CITY OF BALTIMORE

41234

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 Presbury St., 15-6 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Emich

(a) Residence: No. 2923 Presbury St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W Emich

DATE OF BIRTH (month, day, year) Nov-11-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	-	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

13. NAME Henry Eichbaltz

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Todd

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Edward E. Emich
(Address) 2923 Presbury St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov. 29- 1937

19. UNDERTAKER J. B. Stipelcich & Sons
(Address) 30 Eutaw Place

20. FILED Nov 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937 to Nov. 26 1937

I last saw her alive on Nov. 25 1937. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset March 1937

Other contributory causes of importance:

Hypertensive cardio-vascular disease with insufficiency — 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. Hewdig Wallace M. D.

(Address) 2839 Walbrook Ave.

11235 F 11235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3229 Esther Place. St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 0 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARIE ISABELLE HASENEI

(a) Residence: No. 3229 Esther Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George P. Hasenei

6. DATE OF BIRTH (month, day, year) November 15, 1893

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
44	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Bean

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Schroeder

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Lillian Hasenei

(Address) 3229 Esther Place

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov. 23, 1937

19. UNDERTAKER John Ellis & Son

(Address) 200 E. Lexington

DEC 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937 to Nov 26, 1937

I last saw him alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and Intestines	1 Mo
Other contributory causes of importance: Toxemia	1 wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward H. Hoff M. D.

(Address) 25.302 Baltimore

F 11236

HEALTH DEPARTMENT—CITY OF BALTIMORE

11236 #10561

CERTIFICATE OF DEATH

107-A SF

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospitals St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Miskimon

(a) Residence: No. 918 N. Castle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of unk.

DATE OF BIRTH (month, day, year) 9/7/1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 87

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Phillip Kessler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mon 30 1937

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans

20. FILED ..... 19..... Registrar

NOV 28 1937 Huntington Undertaking Co, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to November 27 1937

I last saw her alive on November 27 1937. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11-23-37

Other contributory cause of importance:

Arteriosclerosis — Duration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

41237 HEALTH DEPARTMENT—CITY OF BALTIMORE 41237

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Grass

If U. S. Veteran specify WAR .....

(a) Residence: No. 328 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ? - Known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Over 65	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mamie Lewis

(Address) 1204 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/29 1937

19. UNDERTAKER Sam'l. W. Chase & Son

(Address) 638 N. Gilmor

20. FILED 1931 19 Huntington Registrar. Kittanning, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/17 . 1937 to 11/24 . 1937

I last saw h... alive on 11/24 . 1937 Death is said to have occurred on the date stated above, at 5.07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	
Following right femoral incarcerated Hernia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11/18/37

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

11238

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41238

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Ridgley St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Sayne,

If U. S. Veteran specify WAR

(a) Residence: No. 935 Ridgley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith J. Sayne,

DATE OF BIRTH (month, day, year) December 7, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) August 20. 1935

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

13. NAME William Sayne.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Edith J. Sayne.
(Address) 935 Ridgley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date NOV 30 1937

19. UNDERTAKER See & Little
(Address) 2700 Edmondson Ave

20. FILED 1937 Huntington Williams, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Nov 26 1937

I last saw him alive on Nov 26 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Senile Myocarditis 1932

Other contributory causes of death: Arterio Sclerosis 1934
Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) H. J. Harman M.D.

(Address) 1 E Randall St.

11239

HEALTH DEPARTMENT—CITY OF BALTIMORE 11239

CERTIFICATE OF DEATH

93-c

Registered No. 27-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Spaulding Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME George A. Davis

(a) Residence: No. 3519 Spaulding Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~wife~~ HUSBAND of ~~Living~~ Emma Davis

6. DATE OF BIRTH (month, day, year) Sept 5th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jacob C. Davis

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Martha Diffey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm J. Davis

(Address) 3519 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 29th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

DEC 23 1937 Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1937 to Nov 28 1937

I last saw him alive on Nov 26 1937 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2yrs
Cerebral Hemorrhage	2 wks

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cranial Syphilis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Charles E. Cenko, M. D.

(Address) 3214 Pudlow Ave

11240 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11240

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1811 N. Chapel St., 8-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.
If U. S. Veteran specify WAR Rec'd

2. FULL NAME Teresa Sarah Lockstampfor
(a) Residence: No. 1811 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widow~~ (or) WIFE of Franklin A. Lockstampfor

7. DATE OF BIRTH (month, day, year) Feb 23rd 1916

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Dietrich
14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Frederick
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Franklin A. Lockstampfor 1811 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 30th 1937

19. UNDERTAKER (Address) Wm Cook 1219 St Paul St

FILED 123 1937 19 Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1937 to Nov 27 1937
I last saw h[illegible] alive on Nov 27 1937 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 27
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation (Surgical Supp)
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. E. Keener, M. D.
(Address) 1301 N Pat Parks

✓ F 41241

41241 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2409 Elsinore Ave St. 5-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert V. Stevens
If U. S. Veteran specify WAR .....

(a) Residence: No. 2409 Elsinore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Susan Stevens

6. DATE OF BIRTH (month, day, year) June 20, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spec Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) (State or country) Fitchburg Mass

MOTHER

13. NAME ? Stevens

FATHER

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Lucy Wright

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Theo Nettie Raleigh
(Address) 2409 Elsinore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 11/30 1937

19. UNDERTAKER Geo. W. Little & Co.
(Address) 2700 Edmondson Ave.

20. FILED DEC 1 1937 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 8 36 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Harry Garner M. D.
Coroner
(Address) 1210 Hanover

S 6

F 41242

41242 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas McKeown

If U. S. Veteran specify WAR

(a) Residence: No. 1307 Hollenmount St., Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Lillian W. McKeown

DATE OF BIRTH (month, day, year) Mar 14, 1905

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	32	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liquid Carbonic Co

10. Date deceased last worked at this occupation (month and year) 4/37

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael J McKeown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ella Gwynn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Lillian W. McKeown

(Address) 1307 Hollenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt. Cathedral Cemetery Date Dec. 1st, 1937

19. UNDERTAKER Edwin W. Conklin Son

(Address) 924 E. Lanvale St.

20. FILED ..... 19... Registrar

DEC 2 1937 Inspector of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937 to Nov 26, 1937

I last saw him alive on Nov 28 1937 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1917
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilbert E. Rudman, M. D.

(Address) St. Joseph's Hospital

✓ F 41243

41243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secour Hospital St., 70-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Roy Ingman
If U. S. Veteran specify WAR .....

(a) Residence No. 1830 W Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace V. Ingman

6. DATE OF BIRTH (month, day, year) Jan 10 93

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Burners

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ingman

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Elizabeth Horan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Elizabeth Horan 1830 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11/29/37 19

19. UNDERTAKER (Address) Thos. J. Cross 1500 Wolfe St

DATE OF FILING NOV 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Yes

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	Nov 18
Ruptured Appendix	Nov 17.
Terminal Hypostatic Pneumonia	Nov 24

Other contributory causes of importance: Acute Appendicitis Nov 17 37

Was an operation performed? yes Date of Nov. 18. 37

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy Drain Date of Nov. 18. 37

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin J. Hanna M. D.
Coroner

(Address) 1822 W Baltimore St

F 41244

41244 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Mc Culloh St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Annie Marshall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Marshall

6. DATE OF BIRTH (month, day and year): May 2, 1880

7. AGE: Years 57 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME OF FATHER: Frank Wilson

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Jane Howard

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Jessie Carroll
(Address) 247 E. St. Longdaland N. G.

18. BURIAL, CREMATION, OR REMOVAL
Place Hopkins Chapel Date Nov. 28 1937

19. UNDERTAKER: Eastern Sons
(Address) Ellicott City

20. FILED ..... 19 ..... Registrar

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Nov. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1937, to Nov. 26, 1937

I last saw her alive on Nov. 25, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset: Several days

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Pelletier M. D.

(Address) 817 Hamilton Ter

11245 F 41245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Naomi Ridgaway

If U. S. Veteran specify WAR

(a) Residence: No. 503 Normandie Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white.	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel & Phone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel S Ridgaway

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie M Snead

16. BIRTHPLACE (city or town) (State or country) Easton, Md

17. INFORMANT Mrs Ethel G. Ridgaway

(Address) 503 Normandie ave - Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Nov. 29 1937

19. UNDERTAKER Harry F. Nichols

(Address) 1101 E Edmondson ave

20. FILED 19 Registrar.

NOV 28 1937 Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937 to Nov. 25, 1937

I last saw h[illegible] alive on Nov 25, 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

~~Heart failure~~, Diverticulitis — Date of onset 11-24-37

~~Pulmonary thrombosis~~

acute appendicitis

appendicitis (right)

Other contributory causes of importance:

Heart failure

Pulmonary edema

Was an operation performed? yes Date of 11-24-37

For what disease or injury? Diverticulitis, acute appendicitis

Name of operation Excision of diverticulum, appendectomy, colostomy & drainage

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Mansfield, M. D.

(Address) Mercy Gen Hosp

M. D. B. 1268-9

✓ F 41246

41246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hubert Sewell

(a) Residence: No. 418 S Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3 yrs	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Hubert A Sewell

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Margaret Glenn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hubert A. Sewell

(Address) 418 Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 11/27/37, 19

19. UNDERTAKER Harry H. Leitch

(Address) 1101 Edmondson Ave.

20. FILED 1937 Hilda Fox Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1937, to 11-25, 1937

I last saw him alive on 11-25, 1937. Death is said to have occurred on the date stated above, at 7:18 A m.

The principal cause of death and related causes of importance were as follows:

Influenza Meningitis — Date of onset 11-10-37

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Bacterial Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. F. Leonhardt, M. D.

(Address) St. Agnes Hosp.

11247 VF 11247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Nancy Lentz — If U. S. Veteran specify WAR .....

(a) Residence: No. 2115 Smallwood St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Lentz

7. DATE OF BIRTH (month, day, year) Nov 16, 1877

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Richard Harris

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Martha Harris

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Hazel Taylor
(Address) 2115 Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Nov 30 1937

19. UNDERTAKER C Simonds & Son
(Address) 3610 W Baltimore

20. FILED ..... 19 ..... Registrar .....
Huntingtown Williamsville, N.Y.
NOV 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/37

22. I HEREBY CERTIFY, That I attended deceased from 11/24/37, 19..., to 11/26/37, 19...

I last saw her alive on 11/26/37, 19... Death is said to have occurred on the date stated above, at 7 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Arteriosclerosis, generalized	
Myocardial Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dennis M. Lupo, M. D.

(Address) 1213 Light St

F 41248

Id. D. 41248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgia L. Thompson

(a) Residence: No. 1821 Linden Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Thompson

6. DATE OF BIRTH (month, day, year) Aug 7 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John F. Bollinger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ethan Lamar

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles L. Thompson husband

(Address) 1821 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Holly Ave. Date Nov 29, 1937

19. UNDERTAKER Stevenson & Son

(Address) 2615 E. Baltimore St

20. FILED 19 Registrar's No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Laceration Pelvis — Date of onset 11/26

Ruptured Bladder

Other contributory causes of importance: Shock 11/26

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/26 1937

Where did injury occur? Near Cockeysville Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway —

Manner of injury Auto struck automt + turned

Nature of injury over —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther H. Hundley M. D.

(Coroner)

(Address) 907 N. Charles St

41249 F 41249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Normandy Ave St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Eliza Mayo

If U. S. Veteran specify WAR

(a) Residence: No. 409 Normandy Ave St., Ward. Govanstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Wid

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Mayo

6. DATE OF BIRTH (month, day, year): Sept 21st 1854

7. AGE: Years 83 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

13. NAME: Richard Brewer

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Jennie Basford

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Herbert B. Mayo

(Address) 409 Normandy Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date Nov 29 1937

19. UNDERTAKER: John H. Taylor

(Address) Annapolis Md.

Nov 29 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 29 1937

22. I HEREBY CERTIFY, That I attended deceased (from Nov 21 1937 to Nov 29 1937

I last saw her alive on Nov 28 1937. Death is said to have occurred on the date stated above, at 2.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 21 37
Cerebral Hemiplegia	Nov 21 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. T. Johnson M. D.

(Address) 403 Med Arts Bldg.

(50) 33 938 E 41250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 28-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Engel

If U. S. Vet. specify War No Record

(a) Residence: No. 6602 Park Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret

DATE OF BIRTH (month, day, year) 9/11/84

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Engel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maria Jungblut

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records —

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 1st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1937 Hilmington Williamsburg Hgts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1937 to Nov. 28, 1937

I last saw ~~him~~ alive on Nov. 26, 1937 Death is said to have occurred on the date stated above, at 9:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bronchus with metastases to mediastinal lymph nodes	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas A. Blum, M. D.

(Address) Johns Hopkins Hospital

F 11251

11251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH South Bo. Gas Stop — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 24 Ward 3)

Length of residence in city or town where death occurred 11 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Michael A Ward

(a) Residence: No. 12 Clement St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bake Shop
10. Date deceased last worked at this occupation (month and year) 1
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Ward
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ward
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Delia Burke
(Address) 12 N Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 23 1937

19. UNDERTAKER Fred G Krauss & Son
(Address) 216 S Eutaw St

20. FILED NOV 23 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, Autopsy or Inquiry)
thereon and from the evidence obtained by said
(Inquest, Autopsy or Inquiry)
find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Uremia	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Date of injury Nov 21 1937
Where did injury occur? Hanover & Wash (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Specify activity at time of injury Standing Auto while
Nature of injury Blow long Stab

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert M Gurley Auto M. D.
(Address) 702 N Chas St

F 11252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1506 W. Fayette St. 19-7 Ward)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Marie Schwartz

(a) Residence: No. 1506 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married.

6a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of): John Schwartz.

6b. DATE OF BIRTH (month, day, year): January 1, 1897

7. AGE: Years 40; Months 11; Days 27; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 26.

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Unknown January

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Unknown January

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: John Schwartz.
(Address): 1506 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mowland Park Date: 11/30/37

19. UNDERTAKER: Edward F. Bigelow
(Address): 614 Park Ave.

20. FILED: Nov 30 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to November 27, 1937.
I last saw her alive on November 27, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	
Other contributory causes of importance: Bronchopneumonia.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton Sacionick M. D.

(Address) 1429 W. Fayette St

11253 F 11253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28486 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Price If U. S. Veteran specify WAR

(a) Residence: No. 2006 McCulloh St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conley

DATE OF BIRTH (month, day, year) 9-25-1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Unk.

15. MAIDEN NAME Lydia Palmer

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Baltimore City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cemetery Date Nov 29 1937

19. UNDERTAKER Archibald A Gaddis
(Address) 2101 McCulloh St.

20. FILED ..... 19 ..... Registrar.

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 22. 1937 to November 26. 1937
I last saw her alive on November 26. 1937. Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. DeSanctis, M. D.

(Address) Baltimore City Hospitals

F 41254

41254 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St. 16-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah J. Henderson

(a) Residence: No. 921 Carrollton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe L. Henderson

6. DATE OF BIRTH (month, day, year) Oct 20, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Chas Edmond Figgs

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Sarah Agnes Hawkins

16. BIRTHPLACE (city or town) (State or country) Prince Georges County Md

17. INFORMANT Sarah Figgs

(Address) 2239 Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date Nov 29 37 19

19. UNDERTAKER I. G. Nelson

(Address) 1303 Presstman St

20. FILED NOV 29 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1937.

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
Other contributory causes of importance: Chronic Myocarditis	1932

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel D Wolfe M. D.

Coroner

(Address) 1331 E. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 11255

11255 ✓159

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-b Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bobby Boy Marken

If U. S. Veteran specify WAR .....

(a) Residence: No. 1625 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov. 27, 37

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Warren Marken

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Louise Ryals

16. BIRTHPLACE (city or town) (State or country) Myersdale Pa.

17. INFORMANT John Marken
(Address) 1727 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Lawn Date Nov. 29 1937

19. UNDERTAKER H. Sander Sons Inc
(Address) 1710 East St

FILED NOV 29 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937 to Nov 27, 1937

I last saw him alive on Nov 27, 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mos)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Gilbert E. Kuhman, M. D.

(Address) St Joseph Hospital

11256 E 11256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N Central Ave St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace E. Smith Jr.

If U.S Veteran specify WAR .....

(a) Residence: No. 406 N Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced (or) ~~WIFE of~~ Husband of Sadie Smith

7. DATE OF BIRTH (month, day, year) 11/20, 1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		5	

8. Trade, profession, or particular kind of work done, as spinner, saw-er, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Horace Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie Smith (wife)

(Address) 406 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/29 37

19. UNDERTAKER William A Jackson

(Address) 916 Penna Ave

NOV 29 1937

Huntington Witness Registrar

Huntington Milwaukee, Wis.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Nov 25 1937

I last saw him alive on Nov 25 1937. Death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	June 1937
Generalized Carcinoma Pelvis	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. J. Young M. D.

(Address) 424 E. Monument St

11257 Florence Jones F 11257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Rutter St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1418 Rutter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin

6. DATE OF BIRTH (month, day, year): Oct. 12 1882

7. AGE: Years 55 | Months 1 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Spring Hope N.C.

FATHER

13. NAME: Jesse Briggs

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Mary Petteford

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT (Address): Mrs. Briggs 1418 Rutter St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Date Nov 29 1937

19. UNDERTAKER (Address): Rodger Hankins 4132 Elmora St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:2 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hayes Larsen M. D. Coroner

(Address) 1210 Hanover

S 6

F 11258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH 2035 Gough St

CITY OF BALTIMORE: (No. 2035 Gough St St., 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ann Foster.

(a) Residence: No. 2035 Gough St St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles W. Foster.

6. DATE OF BIRTH (month, day, year) Sept 6 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	22.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DON'T

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glen Burnie
(State or country) Anne Arundel County Md.

13. NAME Henry Watts

14. BIRTHPLACE (city or town) Anne Arundel
(State or country) County. Md.

15. MAIDEN NAME Julia (?)

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mr. Frank Foster
(Address) 2035 Gough St Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cemetery Date Dec 1 . 1937
A.A. Co Md

19. UNDERTAKER John F Dempsey
(Address) 1715 Eutaw St

NOV 29 1937

Hunter for Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 . 1937

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 5. 1937 . 19 . to Nov. 28 . 1937

I last saw HER alive on Nov 28 . 1937. Death is said to have occurred on the date stated above, at 11.58A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1930
MYOCARDITIS.	1930.
HYPOSTATIC PNEUMONIA	1937

Other contributory causes of importance:

TUBERCULOSIS. (DIAGNOSIS AT BALTO CITY HOSPITAL IN AUG. 1937. ALSO MALNUTRITION	Over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James A. Cavanaugh, M. D.
(Address) 3328 McElderry St

11259) HEALTH DEPARTMENT—CITY OF BALTIMORE E 11259

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1424 Riverside Avenue (St.) (Ward) Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Houck If U.S. Veteran specify WAR

(a) Residence: No. 1424 Riverside Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Houck

DATE OF BIRTH (month, day, year) March 27th, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	0	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Duggan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. William Snyder (Daughter)

(Address) 1424 Riverside Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Nov. 30, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

DEC 3 1937 Hunting Town, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) November 27, 1937

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1937 to Nov 27, 1937

I last saw her alive on Nov 27, 1937 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Not Known
Uremia	11.20.37
Broncho Pneumonia	11.25.37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical & Laboratory Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) J. Edward Norris, M. D.

(Address) 107 East West st.

1260) F 41260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-3 Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR S.A.W.

2. FULL NAME William M. Pierce

(a) Residence: No. 4800 Arabia Ave., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

3. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Anna Horn Pierce

DATE OF BIRTH (month, day, year) Sept. 15, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 40

10. Date deceased last worked at this occupation (month and year) [illegible] 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Mrs. M. Pierce

14. BIRTHPLACE (city or town) (State or country) Caroline Co., Md.

15. MAIDEN NAME Mary Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) Caroline Co., Md.

17. INFORMANT Mrs. M. Pierce
(Address) 2414 Orleans Street

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date Nov. 29 1937

19. UNDERTAKER George J. Kirk Inc.
(Address) 125 Hanover Street

20. FILED ..... 19..... Registrar.
Nov 29 1937 Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1937 to November 27, 1937
I last saw him alive on November 27, 1937 Death is said to have occurred on the date stated above, at 1:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, lung, left, primary	Nov. '36
Bronchiectasis, chronic, left lung	"

Other contributory causes of importance:

Was an operation performed? Yes Date of OVER
For what disease or injury? Cancer, left lung
Name of operation OVER
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. N. Anderson, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

HLW/6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11261 — CERTIFICATE OF DEATH — 11261 — 117-N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Half Moon Alley 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore Wesley Hill

(a) Residence: No. 203 Half Moon Alley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) UNKNOWN

6. DATE OF BIRTH (month, day, year) Jan. 1871

7. AGE — Years: 66 | Months: 10 | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME E. Hill

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Margaret Henderson

16. BIRTHPLACE (city or town) (State or country) Anne Arundell Co Md

17. INFORMANT Lottie Teet

(Address) 203 Half Moon Al

18. BURIAL, CREMATION, REMOVAL Place Mt Lebanon Cem Date Nov 29 1937

19. UNDERTAKER Robert J. Miller

(Address) 1515 McElderry St

20. FILED 29 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-24-1937 to 11-26-1937

I last saw him alive on 11-26-1937 Death is said to have occurred on the date stated above, at 10.10 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	about 15 yrs ago

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address) 1500 E. Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41262

CERTIFICATE OF DEATH

123 F 41262

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1610 Thomas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5 mos	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D.C.

13. NAME James H. Thomas

14. BIRTHPLACE (city or town) (State or country) Oregon

15. MAIDEN NAME Dorothy Mizisin

16. BIRTHPLACE (city or town) (State or country) Coaldale Pennsylvania

17. INFORMANT Dorothy Mizisin

(Address) 1610 Thomas St.

18. BURIAL, CREMATION, OR REMOVAL Dec. 1, 1937

Place Mt. Carmel Cemetery AA County Date Nov. 30, 1937

19. UNDERTAKER Walter Burke Funeral

(Address) 1824 Madison Ave.

20. FILED DEC 1 1937 Huntington Willis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1937, to 11/29, 1937

I last saw him alive on 11/28, 1937 Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following perforation of pelvic appendicular	11/25

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Perforated pelvic appendicular

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliot Nicholson, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

Hornby

11263

CERTIFICATE OF DEATH

82-a F 11263

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Crankert Terrace St., 16-2 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME O. C. Hornby

(a) Residence: No. 1125 Fairview St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 28, 1893

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	43	11 10	7 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Asbury Hornby

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alberta Norris

16. BIRTHPLACE (city or town) (State or country) Frances Va

17. INFORMANT Mrs Tauntleroy

(Address) 1001 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov, 29 1937

19. UNDERTAKER V. G. Brooks

(Address) 1127 N. Carey St

NOV 29 1937

19. ... Hunting Ridge, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1937 to Nov 26, 1937

I last saw h... alive on Nov 24, 1937 Death is said to have occurred on the date stated above, at 2 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	Nov 24 1937

Other contributory causes of importance

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Owen P. Cox M. D.

(Address) 515 Hooper St

F 41264

41264 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 123

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Hanover St. St., 22-1 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Mary Fowler

(a) Residence: No. 720 S. Hanover St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Fowler

6. DATE OF BIRTH (month, day, year) 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Fendel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Sylvester Fowler

(Address) 720 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/30/37 19

19. UNDERTAKER Sarah L Brunwelton

(Address) 108 W Montgomery St

20. FILED _____, 19 _____ Registrar.

NOV 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) died that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 ___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H K Culley Coroner M. D.

(Address) 2757 N. Wash

11265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 F 11265

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ... St. 1714 ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. (5) mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr Bertino Pucci

If U. S. Veteran specify WAR ...

(a) Residence: No. 710 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 10, 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stable hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Frank Pucci

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Anna Pucci

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Bertino Pucci
(Address) Franklin Hotel, 410 W. Franklin St.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place To Washington Date November 29, 1937

19. UNDERTAKER J. William Lee Sons Co
(Address) 300 4½ St NW Washington DC

FILED NOV 30 1937 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1937 to Nov. 28, 1937

I last saw him alive on Nov. 25, 1937 Death is said to have occurred on the date stated above, at 7 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis ?	11/1/37
Other contributory causes of importance:	
Pulmonary tuberculosis	1937
Chronic Alcoholism	10 yrs

Was an operation performed? Yes Date of Nov. 27, 1937

For what disease or injury? ? Carcinoma abscess

Name of operation Exploratory Laparotomy Date of 11/27/37

What test confirmed diagnosis? Clin. Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Infy.

37630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-c 42-a

F 11266

11266

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William J Craig

(a) Residence: No. Cambridge Arms St., Apts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bea

DATE OF BIRTH (month, day, year) 2-1-83

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME George Craig

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Sough

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 30, 1937

19. UNDERTAKER John Mitchell & Son

(Address) 1900 Eutaw Place

Signature of Undertaker or Undertaker's Employee

FILED NOV 30 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1937 to Nov 28, 1937

I last saw him alive on Nov 28, 1937 Death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lueic aortitis (aortic insufficiency) — indeterminate

Pulmonary Edema — 11/18/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Brennan M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11267

CERTIFICATE OF DEATH

√ 210-9

F 11267

1. PLACE OF DEATH — Registered No.

Bon Secours Hosp

CITY OF BALTIMORE: (No. ..... St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Lester Brotherton Stevens

(a) Residence: No. 407 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Rowe Stevens

6. DATE OF BIRTH (month, day, year) June 30-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 11-27

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

MOTHER FATHER

13. NAME Walter L Stevens

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Julia Brotherton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alice Stevens Wife

(Address) 407 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Nov 30 1937

19. UNDERTAKER John C. Mitchell Sons

(Address) 1900 Eutaw Place

Attorney for Williams, 11

20. FILED ... Registrar

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Traumatic Amputation	
of Leg Leg	11-26

Other contributory causes of importance:

Shock

Was an operation performed? yes Date 11-26-37

For what condition? Amputation left leg

Name of operation Amputation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11-26 1937

Where did injury occur? On Road Near Mulberry

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Crushed between Bumpers

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert W Copley Coroner M. D.

(Address) 702 N Charles St

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41268

CERTIFICATE OF DEATH

V 107-a F 41268

1. PLACE OF DEATH 130 Landwehr Lane

CITY OF BALTIMORE: (No. 130 Landwehr Lane St. 20-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Katharina Schwenger

(a) Residence: No. 130 Landwehr Lane St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Joseph Schwenger

6. DATE OF BIRTH (month, day, year) April 5th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Schaaf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katharina Lipp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henry J. Heins (Niece)
(Address) 128 Landwehr Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 30th 1937

19. UNDERTAKER Charles W. Dill.
(Address) 3109 Frederick Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1937, to Nov. 27 1937.

I last saw her alive on Nov. 27 1937. Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Sclerosis General.	Last 15 years
Pulmonary Embolus	Nov 25 1937
Pneumonia Embolic	Nov 26. 1937.
Other contributory causes of importance:	
	ow

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19___.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edith W. Johnson M. D.
(Address) 343 S. Frederick ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41263

CERTIFICATE OF DEATH

V 463 F 41263

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave) (Ward) 6-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Wells

If U. S. Veteran specify WAR

(a) Residence: No. 822 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 28, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasantville N. J.

13. NAME Jacob Wells

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Matron) Home for Aged
(Address) 822 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11/29 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 318 W Biddle St

20. FILED 29 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937 to Nov. 27, 1937

I last saw h alive on Nov. 27, 1937 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. Wheatley, M. D.

(Address) 1238 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

41270

CERTIFICATE OF DEATH

50 F 41270

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth 64 yrs. 0 mos. 4 ds.

2. FULL NAME Miss Sara Stone Baylies

If U. S. Veteran specify WAR

(a) Residence: No. 5 E. 33rd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov-24-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William T. Baylies

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Josephine Grant

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT Mr. Wm. Thomas Baylies (Bro)

(Address) 5-E-33-St.

18. BURIAL, CREMATION, OR REMOVAL. Place Lindenwood Date Nov-29-37

19. UNDERTAKER Stewart Memorial Corp.

(Address) 168 W. Mt. Ave.

20. FILED NOV 29 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1937 to Nov. 28, 1937

I last saw him alive on Nov. 28, 1937. Death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Douglas N. Stone, M. D.

(Address) Union Memorial Hosp.

11271 E 11271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 E. Chase St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa Stavelka

(a) Residence: No. 1300 E. Chase St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of the late Karl Stavelka

6. DATE OF BIRTH (month, day, year) Dec. 13-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Emil Siedler

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Neuman

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mary M. Meyers

(Address) 1578 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL Dec. 16 1937

Place Holy Redeemer Date

19. UNDERTAKER Henry Stoeckert Sons, Inc

(Address) 501 E. Lexington St.

20. FILED ..... 19..... Registrar.

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937 to Nov. 27 1937

I last saw h[er] alive on Nov. 27 1937 Death is said to have occurred on the date stated above, at 7 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	11-17-37

Other contributory causes of importance:

Coronary Sclerosis

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Herman Fiteman M. D.

(Address) 1814 Eutaw Place

1272

HEALTH DEPARTMENT—CITY OF BALTIMORE

41272

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. Biddle St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna J. Anton

If U. S. Veteran specify WAR

(a) Residence: No. 1004 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: (or) WIFE of George A. Anton

6. DATE OF BIRTH (month, day, year): March 13 1853

7. AGE: Years 84 | Months 8 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: George Heine

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs Margaret Anton 1004 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Holy Redeemer Cem Date: Nov 30 1937

19. UNDERTAKER (Address): Henry Wood Sons Inc 131 E. Lyon St

20. FILED: Nov 30 1937 [illegible] Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1935 to Nov 26 1937

I last saw her alive on Nov 25 1937 Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Mar 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Abram J. Rochmaes M. D.

(Address) 3507 Fait Ave

41273 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41273

CERTIFICATE OF DEATH 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Carlisle Ave.; St.; 15-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Levy

(a) Residence: No. 4010 Carlisle Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: WIFE of Nathan M. Levy

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Isaac Edelson

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Sarah -

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT Nathan M. Levy
(Address) 4010 Carlisle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Windsor Mill Rd Date 10-29-37

19. UNDERTAKER: Joe Levine Inc
(Address) 1729 E. Pala. St

NOV 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to 27 1937

I last saw h alive on Nov 27 1937 Death is said to have occurred on the date stated above, at 8.4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Jan 1937
Other contributory causes of importance: Hypertension	1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) 1810 Eutaw Place

dew
41271

HEALTH DEPARTMENT—CITY OF BALTIMORE

41271

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Pk. Hgts. Ave St., 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Ballow

If U. S. Veteran specify WAR

(a) Residence: No. 3609 Pk. Hgts. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Nathan —

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mulay

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Mulay Rothman

(Address) 3609 Pk. Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 11-29- 1937

19. UNDERTAKER Jos Levin Bro.,

(Address) 1420 E. Balto. St

20. FILED 12-1 1937 Thomas [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1937 to Nov. 29, 1937

I last saw h. alive on Nov 29 1937 Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	
Other contributory causes of importance:	
Coronary Thrombosis	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benj. Stadum M. D.

(Address) 2306 Eutaw Place

11275 F 41275

11275 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Eutaw Place Ward) 3-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Rosenheim

(a) Residence: No. 2234 Eutaw Place, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isadore L. Rosenheim

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 65; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Irma Cronau
(Address): 2234 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place: Helena Friedhof 11-30 1937

19. UNDERTAKER: Jos. Louis Sons
(Address): 1439 E. Baltimore St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-37. 19

22. I HEREBY CERTIFY, That I attended deceased from July-15—, 1937, to Nov-28—, 1937
I last saw her alive on Nov-28-7 05P. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pyelo-Nephritis — Date of onset: Not Known Prob. 1936-

Other contributory cause of importance: General arterio sclerosis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

DEC 3 1937

F 11276

11276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6602 Marne Ave St., 26-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernadine Mary Buzzguerstu

(a) Residence: No. 6602 Marne Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 28/1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Stephen Buzguerstu

14. BIRTHPLACE (city or town) Balto md.
(State or country)

15. MAIDEN NAME Victoria Gryluskus

16. BIRTHPLACE (city or town) Balto md.
(State or country)

17. INFORMANT Mrs Victoria Buzguerstu.
(Address) 6602 marne ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Nov. 30 1937

19. UNDERTAKER Elsie A. Weber
(Address) 725 d Lanvale st.

20. FILED ... 19 ... Registrar.

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937, to Nov. 29, 1937

I last saw h[illegible] alive on Nov. 28th 1937 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 26th

Other contributory causes of importance:

acute Bronchitis	Nov 25th

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) John J. George, M. D.

(Address) 625 E Eutaw Ave

11277 F 11277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [illegible] [illegible]

(a) Residence: No. 635 Dover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia Seth

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Virginia Seth

(Address) 635 Dover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 30 1937

19. UNDERTAKER Joseph A Sykes

(Address) 1908 Mount Street

20. FILED Nov 29 1937 12 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov 28 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus 2 (Contributory)	Nov 27 1937

Other contributory causes of importance:

Was an operation performed? [illegible] Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 500 Fairmount Ave

V 88

F 41278

1278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-8

Registered No. 24453

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Bryant

(a) Residence: No. 1119 Short St. Anderson St. N. C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1918

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 29 1937 19

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ... 19 ... Registrar

S 6 3643

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 22, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage & Shock	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 22, 1937

Where did injury occur? R.R. Russell St. Viaduct Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place W.M.R.R.Co. Car.

Manner of injury While racking Coal fell from car

Nature of injury Cut Right Leg & Arm off

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Sullivan M. D.

Coroner

(Address) 2757 N. Howard

F 11279

1279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 2272

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 W. Berre St. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Rose Brynom

(a) Residence: No. 659 W. Berre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Brynom

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 29 1937, 19

Commissioner of Health

19. UNDERTAKER

(Address) Bur. H. A. Moore

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Moore Coroner M. D.

(Address) 3757 N Howard St

S6 1937 Still 14

F 41280

11280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15027 (MB) 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 W. 2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Stillson

If U. S. Veteran specify WAR .....

(a) Residence: No. 649 W. Fayette St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 8/15/1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Mike

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Annette ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 29 1937

Date ..... 19.....

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ..... 19.....

Registrar.

NOV 29 1937

3642 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1937

22. I HEREBY CERTIFY, That, I attended deceased from July 1 1937 to November 22 1937

I last saw h[illegible] alive on November 22 1937. Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. De Lawter M. D.

(Address) Baltimore City Hospitals

11281 E 11281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 70-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph W. Hoyle

If U. S. Veteran (specify WAR) None.

(a) Residence: No. 2583 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine M. Hoyle

DATE OF BIRTH (month, day, year): Oct 21, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trainman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W. Va.

13. NAME: John Hoyle

14. BIRTHPLACE (city or town) (State or country): W. Va.

15. MAIDEN NAME: Virginia Miller

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place: Lorraine Cemetery Date: Nov. 30- 1937

19. UNDERTAKER (Address): Charles J. Schwalz 505 N. Monroe St.

20. FILED ... 19 ... Registrar.

NOV 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1936 to Nov. 28, 1937

I last saw h.[illegible] alive on Nov. 28, 1937 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset July 1934

Other contributory causes of importance: Chronic infectious arthritis — 1925

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

Spec.—7-17-26—A Co.—200 Bks.

F 41282

41282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 920 S. Burley. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Chojnacka (Chojnacki) 920 S. Curley St.

(a) RESIDENCE NO. (Usual place of abode) St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. if of foreign birth 30 yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Chojnacki

6 DATE OF BIRTH (month, day, and year) Feb. 2. 1893

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	44	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Michael Buduch

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Catherine —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Michael Chojnacki (Address) 920 S. Burley st.

15 Filed ____ 19 ____ Registrar

NOV 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 - 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Nov 28 1937

that I last saw h[illegible] alive on Nov 24 1937

and that death occurred, on the date stated above, at 10:12 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No X-Rays

What test confirmed diagnosis?

(Signed) Dr. Lipski M. D.

. 19 (Address) Edenton, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL N. Glenauer Cem. Date of Burial Dec 1 19[illegible]

20 UNDERTAKER Stephen J. Fialkowski INC ADDRESS 1000 S. Kenwood

Very Important. See instructions on back of Certificate

F 11283

HEALTH DEPARTMENT—CITY OF BALTIMORE

1283

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 W. Barney St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Schultz

If U. S. Veteran specify WAR

(a) Residence: No. 11 W. Barney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta M. Schultz

6. DATE OF BIRTH (month, day, year): Nov. 11, 1550

7. AGE: Years 87; Months; Days 16; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Dont know

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Bertha Schultz

(Address): 11 W. Barney

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: Nov. 30, 1937

19. UNDERTAKER: A. Howard Evans

(Address): 1420 Eutaw St.

20. FILED: Nov. 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 27, 1937

I last saw him alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Indef.	
Other contributory causes of importance: acute dilitation of Heart	11/24/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, state how

11/29/37 (Signed) H. C. K. Campbell M. D.

(Address) 164 Hanover St

Spec.—1-30—M. & T.—250 Blks

1284

F 41284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45-C

REGISTERED NO.

1-PLACE OF DEATH 2265 Callow ave

CITY OF BALTIMORE: (NO. 2265 Callow ave ST. 20-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Elmer Sheppard

(a) RESIDENCE NO. 2265 Callow ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Margaret Elizabeth Sheppard

7 DATE OF BIRTH (month, day, and year) Nov 17 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor Md Dept

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Henry Sheppard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Elizabeth Schze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Margaret Sheppard

(Address) 2265 Callow Ave

15 Filed 20 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-37

17 I HEREBY CERTIFY, That I attended deceased from 11-28-37, 19 to 11-28-37, 19

that I last saw him alive on 11-28-37, 19

and that death occurred, on the date stated above, at 6 15/60 m

The CAUSE OF DEATH* was as follows:

Cancer of mouth 8 months

Cancer of lung 4 months

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of May 1937

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) E. Eugene Conington, M. D.

19 (Address) Med. Arts Bg. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 11-30 1937

20 UNDERTAKER Engel & Sons

ADDRESS Baltimore

1285 ✓ 1285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3723 Manchester Av St., 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Hertzer

If U.S. Veteran specify WAR ...

(a) Residence: No. 3209 Arem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anthony J. Hertzer 1868

DATE OF BIRTH (month, day, year) May [illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69.	6		

8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc. House wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Catherine Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lee Hertzer
(Address) 2737 Kenilworth Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 30. 1937

19. UNDERTAKER Martin Tabb & Sons
(Address) 1627 N. North Ave.

20. FILED 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1937 to Nov 28 1937

I last saw h[illegible] alive on Nov. 27 1937 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1 Mo
Arteriosclerosis	
Other contributory causes of importance:	
Pneumonia Bronchial	3 Days

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. A. Smith M. D.

(Address) 1200 N. North Ave

286 ✓ F 41286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26928--RHW

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Neuer

(a) Residence: No. 6118 Overall Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 2/3/1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter 1/2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 1/2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Clemens

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Housemen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Dec 1 37

19. UNDERTAKER Bernard G Funk
(Address) 2411 Edmondson Road

20. FILED ... 19... Registrar.

F 1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-24 1937 to 11-28 1937

I last saw him alive on 11-27 1937. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene feet	unknown

Other contributory causes of importance:

Hypertensive cardio vascular disease	Unknown

Was an operation performed? Yes Date of 9/28/37

For what disease or injury?

Name of operation Right mid thigh amputation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

1287

F 11287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 2-2-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Oehm

If U.S. Veteran specify WAR

(a) Residence: No. 639 Portland St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced
(or) WIFE of Frank Oehm

DATE OF BIRTH (month, day, year) Apr. 11-1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework for 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montreal Canada

13. NAME Joseph Cairns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Keegan

16. BIRTHPLACE (city or town) (State or country) Montreal Canada

17. INFORMANT Frances Oehm
(Address) 639 Portland St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 11/30 19 37

19. UNDERTAKER Edward Bradley
(Address) 628 West Pratt St

FILED ... 19 ...
NOV 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March, . 1934 to Nov. 27 . 1937

I last saw h. alive on Nov. 27 . 1937. Death is said to have occurred on the date stated above, at 9:03 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytica Dementia	10 yrs.
Other contributory causes of importance: acute Glomerular Nephritis	2 wks.

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Damian P. Mayer M.D.

(Address) 3316 Frederick Ave

288 F 41288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 19-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

(5389) If U. S. Veteran specify WAR

2. FULL NAME John King

(a) Residence: No. 124 N. Mount St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 12, 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Malinda Austin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov. 30 1937

19. UNDERTAKER Wm. Waters & Natie R. Williams
(Address) 822 N. Belnord Ave

20. Nov. 1937, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1936 to November 25, 1937

I last saw him alive on November 25, 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral fat embolism — Date of onset Nov. 25, 1937

Other contributory causes of importance:

Pulmonary tuberculosis quiescent — Feb. 1936

Tuberculosis of spine — Aug. 1937

Was an operation performed? Yes Date of 10-20-37

For what disease or injury? Tuberculosis of spine

Name of operation Hibbs fusion of vertebrae

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, state how

(Signed) W. M. Curtis M. D.

(Address) Balto. City Hospitals

✓ F 41289

1289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-26 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Washington

(a) Residence: No. 24 N. Harris St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elnora Washington

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis md

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Annapolis md

15. MAIDEN NAME Carrie

16. BIRTHPLACE (city or town) (State or country) Annapolis md

17. INFORMANT Elnora Washington
(Address) 24 N. Harris St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 30, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 327 N. Schroeder St.

20. FILED 19 Registrar

DEC 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1937, to Nov 26, 1937.

I last saw him alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 12:40 A m.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma Stomach. 3 ?

Date of onset

Other contributory causes of importance: Secondary Anemia.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Path. Exam. Was there an autopsy? Yes.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis E. Gross M. D.

(Address) University Hospital.

V F 11290

1290 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Kesselring

(a) Residence: No. 907 Low Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Kesselring

6. DATE OF BIRTH (month, day, year) April 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Basket Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Kesselring

14. BIRTHPLACE (city or town) (State or country) Unknown, Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. John H. Peper

(Address) Golden Ring Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov. 30, 1937

19. UNDERTAKER Frederick Rossmoor

(Address) 7401 Belair Road

20. FILED 19 Registrar

DEC 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th. 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	1935
Chronic Myocarditis	1935

Other contributory causes of importance: no

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel A. Wolfe Coroner M. D.

(Address) 133 E. Fourth

1291 ✓ F 11291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22526-RME

Registered No. 19-395-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry K. Bafford

(a) Residence: No. 1400 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

DATE OF BIRTH (month, day, year) 1/18/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alfreda Moore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 30 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1700 W. Lombard St.

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1937 to November 27, 1937

I last saw him alive on November 27, 1937. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-24-37

Other contributory causes of importance:
Hypertensive cardiovascular disease Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Santelles, M. D.

(Address) Baltimore City Hospitals

1292 F 11292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4711 Ammtana St.) (Ward) 26-1

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Stone

(a) Residence: No. 4711 Ammtana St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Stone

DATE OF BIRTH (month, day, year) January 26, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Michael Hermann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Ackermann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Hammon (Daughter)

(Address) 8003 Fagley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 12/1 1937

19. UNDERTAKER Richard F. Barkley

(Address) 700 E. Monument St

20. FILED DEC 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to Nov. 28, 1937

I last saw her alive on Nov. 28, 1937 Death is said to have occurred on the date stated above, at 8:02 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	6 mo
Hypertension	6 mo
Cerebral Hemorrhage	12 days
Other contributory causes of importance:	
Chronic Interstitial Nephritis	6 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Autopsy? No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F A Stevens M. D.

(Address) 2878 Stafford Rd

11293 F 11293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6009 Edna Ave St. 27-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna H.A. Steinbach

If U.S. Veteran specify WAR

(a) Residence: No. 6009 Edna Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. P. Steinbach

DATE OF BIRTH (month, day, year) May 19, 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Lange

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Lonmuller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Lange

(Address) 6009 Edna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Immanuel Cem. Date Nov. 30, 37 19

19. UNDERTAKER Louis Neemann & Son

(Address) 32 S. Broadway

FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27 37

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1937 to Nov. 26, 1937

I last saw h[illegible] alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 12 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Senile Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John Patrick, M. D.

(Address) 936 E. Monument St

11291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 11291

72-a

Registered No. 11291

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 E. 28th St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Garner If U. S. Veteran specify WAR

(a) Residence: No. 1930 E. 28th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE John Henry Garner

6b. DATE OF BIRTH (month, day, year) June 2 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawk. of 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Daniel Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Henry Garner (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Nov 30. 1937

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son (Address) 601 W. Fayette St

20. FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1932 to 11-27-1937

I last saw her alive on 11-26-1937 Death is said to have occurred on the date stated above, at 7 45 P. m.

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia — Date of onset about 8 yrs.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo B. Lybecker M. D.

(Address) 2802 Harford Ave.

F 11295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1295 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2856 Harford Rd St.) (Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles J. Franke

(a) Residence: No. 2856 Harford Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna A. Franke

6. DATE OF BIRTH (month, day, year) Jan 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver & Self. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Edna A. Franke

(Address) 2856 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL.

Place Loraine Date Dec 1. 1937

19. UNDERTAKER Mc Mus. John W. Geupel & Son

(Address) 801 W. Fayette St.

20. FILED Dec 1 1937 ... 19... Registrar.

Huntington Advocate, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937 to Nov 28 1937

I last saw him alive on Nov 27 1937 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset 2 days

Other contributory causes of importance: Diabetes, & Brights Disease

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carl L. Engelmann M. D.

(Address) 2856 Harford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

11296 — 11296

CERTIFICATE OF DEATH

11296; 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 E. Fayette St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bock

If U. S. Veteran specify WAR

(a) Residence: No. 2709 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret B. Bock

7. DATE OF BIRTH (month, day, year) Nov 13 1873

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	0	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Business

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Bock

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Felner

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Margaret B. Bock
(Address) 2709 Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Nov. 30 37

19. UNDERTAKER John L. Miller
(Address) 2334 Jefferson St.

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936 to Nov 26, 1937

I last saw him alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	10/36
Other contributory causes of importance: Metastases	

Was an operation performed? yes Date of Oct 29/37.

For what disease or injury? Cancer

Name of operation Colostomy

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G N Meyer Jr, M. D.

(Address) 1520 E. 33rd

F 41297

HEALTH DEPARTMENT—CITY OF BALTIMORE

41297 /131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 E. 22nd St., 9-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Whettle — If U. S. Veteran specify WAR .....

(a) Residence: No. 515 E. 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Whettle

6. DATE OF BIRTH (month, day, year) April 28, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Trust Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME OF FATHER Charles V. Whettle

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME OF MOTHER Winifred Roan

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Jos. F. Whettle
(Address) 515 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov. 30, 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937 to Nov 27, 1937

That I last saw him alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis Nephritis	1 year
Other contributory causes of importance: Uremia	1 week

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas. V. Whettle, M. D.

(Address) 1279 Fulton Ave

F 41298

41298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N Lakewood Ave St., Ward 6-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Barrett Cooper Ember

If U. S. Veteran specify WAR No Record

(a) Residence: No. 126 N Lakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of James Ember

7. DATE OF BIRTH (month, day, year) July 14 1852

8. AGE: Years 85 Months 4 Days 13 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton N J

13. NAME Milton Cooper

14. BIRTHPLACE (city or town) (State or country) Upper Lawson Co

15. MAIDEN NAME Mary Barrett

16. BIRTHPLACE (city or town) (State or country) Cork Ireland

17. INFORMANT Mrs Emma Londeman

(Address) 126 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Allentown Pa Date 11/30/37

19. UNDERTAKER William Forbes

(Address) 1219 E Fayette St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937 to Nov 29 1937

I last saw her alive on Nov 29 1937 Death is said to have occurred on the date stated above, at 4:6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/29/37
Cardio-vascular-renal	5 yrs.
Other contributory causes of importance: arteri-5 years	5 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumreich M. D.

(Address) 72 N No. Kenwood Ave

41293 F 41293

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28152

CERTIFICATE OF DEATH

82-W SF

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Hogan

If U. S. Veteran specify WAR .....

(a) Residence: No. 526 W. Mulberry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married(sep.)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

DATE OF BIRTH (month, day, year) 4/26/1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	70	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco, California (State or country)

13. NAME Charles

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Patricks Date 11-30 1937

19. UNDERTAKER Mulhorn & Ford
(Address) 1217 E. Fort Ave

20. FILED ..... 19..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 9. 1937. to November 26. 1937

I last saw him alive on November 26. 1937. Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-24-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. de Santelle M. D.

(Address) Baltimore City Hospitals

NOV 30 1937 [illegible]

11300) # HEALTH DEPARTMENT—CITY OF BALTIMORE E 11300

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daisy Davis

(a) Residence: No. Sparks, Md. St., ... Ward. Sparks, Balt Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence Davis

DATE OF BIRTH (month, day, year) June 10, 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 0070

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Sparks Maryland

13. NAME Wm. Ringgold

14. BIRTHPLACE (city or town) (State or country) Sparks Maryland

15. MAIDEN NAME Henrietta Madden

16. BIRTHPLACE (city or town) (State or country) Sparks, Maryland

17. INFORMANT Ed. Madden

(Address) Sparks, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Sparks, Maryland Date Dec 2. 1937

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Sparks, Maryland

20. FILED DEC 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937 to Nov. 29, 1937

I last saw her alive on Nov 29, 1937 Death is said to have occurred on the date stated above, at 6 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell carcinoma of cervix	?
Secondary hemorrhage	August

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. T. A. Lovell Jr. M. D.

(Address) Univ. Hospital

F 11301

1301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-1 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 2 mon. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Walter Swinney (28198)

If U. S. Veteran specify WAR

(a) Residence: No. 1819 W. Saratoga St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie May

7. DATE OF BIRTH (month, day, year) Sept. 21, 1868

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	69	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?? Fahrendtal Surney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth (?) Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Dec 1st 1937

19. UNDERTAKER Frank H. Purdy
(Address) Baltimore, Md.

20. FILED ... 19... Registrar

DEC 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28 1937

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1937 to November 28, 1937

I last saw him alive on November 28, 1937. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

11302 E 11302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Belmont Ave. St., 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME M. Sophia Ingham

(a) Residence: No. 3035 Belmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William T. Ingham

7. DATE OF BIRTH (month, day, year) August 31 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John George Henneberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia M. Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William C. Ingham (Son)

(Address) 412 Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Nov. 30 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

Huntingtown Williams, Md.
Registrar

FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1937 to Nov. 27 1937

I last saw her alive on Nov. 27 1937. Death is said to have occurred on the date stated above, at 11.25 A. M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri-sclerosis	1930
Chr. Inter. Nephritis	1932
Acute dilatation heart	11/25/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Homer C. Odell M. D.

(Address) 735 N. Fulton Ave

Spec.—1-10-21—MAT—1800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41303

CERTIFICATE OF DEATH.

92-a F 41303

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 20 S. Carlton ST. 18-3 WARD)

2-FULL NAME Lula Thornton

(a) RESIDENCE NO. 20 S. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced — (a) HUSBAND of (or) (b) WIFE of: William Thornton

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home. 1937

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): King Geo Co Va.

PARENTS

10 NAME OF FATHER: Wm. Lomax

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucy Bluford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mary Thornton

(Address): 20 S. Carlton St.

15 Filed 30 1937, 19 Huntington Williams, Ky Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-27-1937

17 I HEREBY CERTIFY, That I attended deceased from 3/25/37, 19 . to 11-27, 1937.

that I last saw h alive on 11/25, 1937.

and that death occurred, on the date stated above at 9:20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Embolism

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. J. Jackson, M.D.

, 19 (Address) 620 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Urbanna Wharf Middlesex Co Va

DATE OF BURIAL: Nov 30, 1937

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 Schroeder St

41304 F 41304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-2

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 513 Old Orchard 2d St. 28-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annabelle Hunter Hampson

(a) Residence: No. 513 Old Orchard 2d St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Hampson

7. DATE OF BIRTH (month, day, year) Feb 1867

8. AGE	70 Years	9 Months	Days	If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER'S PATHER

13. NAME William Hunter Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Martha P Bacon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie Culp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 1st 1937

19. UNDERTAKER George J Smith
(Address) 1901 Eutaw Place

20. FILED, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937 to Nov. 29. 1937
I last saw her alive on Nov. 28 1937 Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/26/37
Other contributory causes of importance: Hypertensive heart disease.	1936.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. Symmers Smith, M. D.

(Address) Medical Arts Bldg.

11305 E 11305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1, 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 Hickory (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Ward) 6A3-6

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lillie May Chaney If U. S. Veteran specify WAR .....

(a) Residence: No. 3524 (Usual place of abode) Hickory Ave. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of late VanLear Chaney

6. DATE OF BIRTH (month, day, year) June 18th, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City. Md.

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Lily

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Charles Kessler

(Address) 3524 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL Hampden

Place St. Mary's Cemetery Date Dec. 1, 1937

19. UNDERTAKER Geo. T. Bayer & Son

(Address) 1512 Hollins St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19-1937 to Nov. 29, 1937

I last saw h[illegible] alive on Nov. 29 1937. Death is said to have occurred on the date stated above, at 9:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 mos
Other contributory causes of importance:	
Arteriosclerosis	1 year
Chronic Bright's disease	5 years

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Whelite M. D.

(Address) 1279 William St

Huntington, Indiana, U.S.A.

1306 # 11306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

Registered No. 13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3331 Chestnut Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Virginia Smith

(a) Residence: No. 3331 Chestnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 23, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton mill

10. Date deceased last worked at this occupation (month and year) 0046

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Lily

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Margaret Barth (sister)
(Address) 3331 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL (Hampden)
Place St. Mary's Cem. Date Dec. 1st. 1937

19. UNDERTAKER Geo. L. Berger Jr.
(Address) 1512 Hollins St.

20. FILED [illegible] Registrar.

DEC 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 23 1937. to November 28, 1937

I last saw her alive on November 28, 1937. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac disease	2
Other contributory causes of importance:	
Pulmonary edema	24 hrs

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41307 — CERTIFICATE OF DEATH 28435 (107-W) F 41307

Registered No. 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dominick J. McKeowne

(a) Residence: No. 854 W. Fayette St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Kate Lula C. McKeowne

DATE OF BIRTH (month, day, year) 8/4/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Peter McKeowne

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Blanchard

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT City hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 12/1/37 19

19. UNDERTAKER John J. Cowan & Son

(Address) 90 Collins St.

20. FILED NOV 30 1937 Huntington for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937 to November 28, 1937.

I last saw him alive on November 28, 1937 Death is said to have occurred on the date stated above, at 8-50 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11-26-37

Other contributory causes of importance:

Alcoholism — Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

41308 — F 41308 — V 47-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Martinez

If U. S. Veteran specify WAR WW

(a) Residence: No. 712 S. Broadway, Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

7. DATE OF BIRTH (month, day, year) Dec. 6, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) June 12, 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Philippine Is.

13. NAME Anthony Martinez

14. BIRTHPLACE (city or town) (State or country) Elmeria, Spain.

15. MAIDEN NAME Manuela Burvos

16. BIRTHPLACE (city or town) (State or country) Malada, Spain.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL National Cem Date 11/30/37

19. UNDERTAKER Roper & Brooks & Son
(Address) Eutaw & Hollins Sts

NOV 30 1937

Registrar.

Huntington Wilmette, Ill.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1936, to November 27, 1937

I last saw him alive on November 27, 1937 Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, squamous cell, bronchogenic, left	May 1936
Fistula, thoracic, post operative (bronchial)	Feb. 1937

Other contributory causes of importance:
--

Was an operation performed? Yes Date of OVER

For what disease or injury? Epithelioma, bronchogenic.

Name of operation OVER

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. M. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLS/ECJ/g

11309 HEALTH DEPARTMENT—CITY OF BALTIMORE 11309

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1126 Cann St. 17-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Albert Turner
If U. S. Veteran specify WAR
(a) Residence: No. 1126 Cann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	2

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

6. DATE OF BIRTH (month, day, year) 2

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER
13. NAME Frank Turner
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Ella May Smither
16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Evelyn Gaylard
(Address) 203 Cloyd Alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov. 30 1937

19. UNDERTAKER Percy Allgeier
(Address) 1st Baltimore Md

20. FILED NOV 30 1937 A. L. Tull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) finds that deceased came to death at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mitro Carditis	
Heart disease and goiter	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) C. Hamilton Cranmer M. D. Coroner
(Address) 1213 Hanover

F 41310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41310

CERTIFICATE OF DEATH

183 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Falls Ave Lombard St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Owens
If U. S. Veteran specify WAR

(a) Residence: No. 1519 N. Mount St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Owens
14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Mary E. Edwards
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Grey
(Address) 1519 N. Mount St

18. BURIAL, CREMATION, or REMOVAL Green Mount Cemetery Date 12/2/37
Place

19. UNDERTAKER Thos E. Kelson
(Address)

20. FILED 12/9/37 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	11-22-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-22 1937

Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell overboard.

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Wolfe M. D.
Coroner

(Address) 133 E. Lombard

V 5 6

E 11310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

310 V 183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Fallsave & Lombard St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Unknown (William J. Reuss)

(a) Residence: No. unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	(0) unknown			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

OTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date NOV 30 1937 19
UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar

V S 6 3847 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned — Date of onset not known

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel J. Hoffe M. D.
Coroner

(Address) 1331 E. North Ave

F 41311

1311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182 a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) 10-2

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James King

(a) Residence: No. 727 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph A King

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lena Austen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Lena King

(Address) 727 Forest St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/30 1937

19. UNDERTAKER Rayner Sanders

(Address) 413 E Preston St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Congestion — Date of onset Nov 28 1937

Suffocation in bed

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 28 1937

Where did injury occur? Home (727 Forrest St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was found under blanket

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 50 Paca St

V 8 6

1312 F 41312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 192-a Registered No. 887
CITY OF BALTIMORE: (No. Bay View St., 72 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Fannie Heuff
(a) Residence: No. 2303 Hunter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Otis Heuff

6. DATE OF BIRTH (month, day, year) Dec. 11-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 41	11	18 17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER
13. NAME Ned Peoples
14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Otis Heuff (Husband)
(Address) 2303 Hunter St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/30 1937

19. UNDERTAKER Rayner Sanders
(Address) 1413 E Preston St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 yrs
Other contributory causes (importance) Dropsy - Arteriosclerosis	some time

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W Wood, Coroner M. D.
(Address) 1712 N. Broadway

V S 6

✓ F 41313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME James Fowler

(a) Residence: No. 1095 Caroline St St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
64	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Eastern Police Station
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL NOV 30 1937
Place _____ Date _____ 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. E. Moore

20. FILED _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 ___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1918 E. North Ave

41314 F 41314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Holbrook St. 10-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Schroeder

(a) Residence: No. 1227 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Northeastern Police Station

(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date NOV 30 1937 19

19. UNDERTAKER Commissioner of Health

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

V S 6

✓ F 41315

1315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 17-1 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Kemp.

(a) Residence: No. 610 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-12-37

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C[illegible]

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Wallace Gregory

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Mary Kemp

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date, 19

19. UNDERTAKER Per H. A. Boots
(Address)

[illegible] 1937 Huntington Ave. Registered

UNIVERSITY MEDICAL SCHOOL NOV 30 1937 RECEIVED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 13th, 1937, to Nov 29, 1937

I last saw him alive on Nov. 29, 1937. Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea	
Sclerema	Nov 25, 1937
Other contributory causes of importance:	
Prematurity	Nov 12th 1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. King B. E. Seegar, Jr., M. D.
(Address) University Hospital

11316 F 11316

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-3

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Ferguson

(a) Residence: No. 927 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23rd 1937

7. AGE — Years | Months | Days: 3/4 | If LESS than 1 day... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert Ferguson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Virginia Lee Brown

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Hospital records.
(Address) University Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date .....

UNIVERSITY MEDICAL SCHOOL NOV 30 1937
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar

8651 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23rd, 1937 to Nov. 27th, 1937

I last saw him alive on Nov. 27th, 1937. Death is said to have occurred on the date stated above, at 12:15 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Intercranial Hemorrhage	Nov 23rd 1937
over	
Other contributory causes of importance:	
Prematurity	Nov 23rd 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B. E. Sloan Jr. M. D.

Address University Hospital.

1-30 M & T—250 Blks

✓ F 41317

1317

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1613 W. Saratoga ST. 19-2 WARD)

2-FULL NAME Winfield F. Harrison

(a) RESIDENCE NO. 1613 W. Saratoga ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Harrison

7 DATE OF BIRTH (month, day, and year): 8-23-1896

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	3	6	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Winfield Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mattie Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mary Harrison 1613 W. Saratoga

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/29/37

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937 to Nov. 29, 1937.

that I last saw h... alive on Nov. 24, 1937.

and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 6 mos (?) ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical, X-ray

(Signed) H. Mason Williams M. D.

11-30 1937 (Address) 201 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Auburn Cmty

DATE OF BURIAL: 12-1st 1937

20 UNDERTAKER: George P. A. Gibson

ADDRESS: 1735 Druid Hill Ave

✓ F 41318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1318 181

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md. General Hospital St. 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Walter Jacob Hallowell
(a) Residence: No. Box 260 North Point Terrace St., Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A. Hallowell

6. DATE OF BIRTH (month, day, year) December 8, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Second Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coopersburg Pa.

FATHER

13. NAME Martin Hallowell
14. BIRTHPLACE (city or town) (State or country) Locust Valley Pa.

MOTHER

15. MAIDEN NAME Maggie Weiss
16. BIRTHPLACE (city or town) (State or country) Bingen Pa.

17. INFORMANT Mrs. Frances A. Hallowell
(Address) Coopersburg Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Coopersburg Pa. Date Nov. 30, 1937

19. UNDERTAKER Wm J. Tickner & Sons
(Address) Bath & Pa.

FILED Dec 3 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 4 hrs. 4 hrs. Date of onset
Acute Dilatation of Stomach

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11 23 1937
Where did injury occur? Bethlehem Steel Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury caught right arm between
Nature of injury Face, chest & Knees, fractured

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hagen Caruana M. D. Coroner
(Address) 1213 Hanover

V c 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11319

11319

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Blunt Adams

If U. S. Veteran specify WAR

(a) Residence: No. 2523 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella E. Adams.

6. DATE OF BIRTH (month, day, year) Jan. 21, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME James Blunt Adams

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Emily F. Bruff

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Mr. James B. Adams (Address) 2523 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL Place Easton - Md. Date Dec 1, 37

19. UNDERTAKER Mc Vicker Sons Hood & Parnes. (Address)

20. FILED 19 Registrar

DEC 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1937 to Nov - 29 1937

I last saw him alive on Nov - 27 1937 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Cardiac Decompensation	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Solen E Richoff M. D.

(Address) 12 E - 25th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11320

#28211

11320

CERTIFICATE OF DEATH

46-37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barrett, Samuel

(a) Residence: No. 4818 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) 9/27/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Barrett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet, Date 12/1/37

19. UNDERTAKER (Address) John J. Faber & Son, 1318 Eutaw Pl.

20. FILED 19 Registrar.

DEC 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-12 . 1937 to 11-29 . 1937

I last saw him alive on 11-28 . 1937. Death is said to have occurred on the date stated above, at 6:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-19-37

For what disease or injury? Carcinoma of oesophagus

Name of operation Gastrostomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

(Thurman R. Crouse) ✓ F 11321

11321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Uncon mem. Hosp. St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mr Thurman R Crouse

(a) Residence: No. Street Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Estella Crouse

6. DATE OF BIRTH (month, day, year) July 18 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va,

FATHER

13. NAME Asbury A Crouse

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Virginia Slatter

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Estella Crouse

(Address) Street Md

18. BURIAL, CREMATION, OR REMOVAL

Place Agua Chapel Date Dec 2 19 37

19. UNDERTAKER H E Lauterbach

(Address) Baltimore Md

20. FILED Dec 3 19 37 Huntington Williams Registrar

DEC 3 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Rupture of aorta.

Date of onset

Other contributory causes of importance: Unknown

Was an operation performed? yes Date of

For what disease or injury

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Haas M. D.

Coroner

(Address) Coroner

11322 V F 11322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

406 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Frankford Ave. Ward) 45

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton F. Ketzler

(a) Residence: No. 3505 Frankford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Walker

6. DATE OF BIRTH (month, day, year) Dec. 31 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) Oct. 28 1937

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John W. Ketzler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Michel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Sadie Ketzler
(Address) 3505 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Dec. 2 37

19. UNDERTAKER Frederick Lovekamp Sons
(Address) 7401 Belair Road

20. FILED ..... 19 ..... Registrar .....

DEC 3 1937 Herrington Hillsman Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1937, to Nov 29, 1937

I last saw him alive on Nov 29, 1937. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Insufficiency	Nov 29 37
Other contributory causes of importance: Chronic Bronchitis Bronchiectasis Asthma	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Alan I. Lemmon M. D.

(Address) 718 N. Fallsway

F 11323

11323 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infir. Ward)

Length of residence in city or town where death occurred 1yr. 1 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruff, William

(a) Residence: No. E. Maple Ave St., Ward Overlea

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edith Ruff.

7. DATE OF BIRTH (month, day, year) Aug. 23, 1886

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	7	7	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry worker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam laundry

11. Date deceased last worked at this occupation (month and year) Oct. 27 37

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Frank Ruff.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Virginia Bankard

16. BIRTHPLACE (city or town) (State or country) Balt. Maryland.

17. INFORMANT Edith Ruff (wife)

(Address) 1-E Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Dec. 3 1937

19. UNDERTAKER Frederick Lassahn Son

(Address) 1641 Gilmor St.

30 Nov 1937 Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1937 to NOV. 30 1937

I last saw him alive on NOV. 30 1937 Death is said to have occurred on the date stated above, at 9:15 A p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left Lung (Primary). — Date of onset 6-37

Other contributory causes of importance: Broncho-Pneumonia — 11-28-37

Was an operation performed? No Date of — — —

For what disease or injury? — — — — Date of — — —

Name of operation — — — — Date of — — —

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard W. Jones, M. D.

(Address) Church Home & Infirmary.

M. D. P. 1268-9

11321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 11321

94B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Marlborough Hosp. (If not in hospital) 1300

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattye Hechheimer

(a) Residence: No. Marlborough apts. St., Ward 3 E

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emanuel Hechheimer

6. DATE OF BIRTH (month, day, year): June 7 1866

7. AGE: Years 71 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw mill, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Isaac Kuhn

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosa Hechheimer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Emanuel Hechheimer

(Address) Marlborough apts.

18. BURIAL, CREMATION, OR REMOVAL: Dec 31 1937

Date

Cypress Lawn

19. UNDERTAKER: Dulaney Funeral Home

(Address) 1113 Eutaw Place

Registrar

DEC 29 1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1936 to Nov. 30, 1937

alive on 11-30-1937 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma — Date of onset

acute Coronary Thrombosis

Other contributory causes of importance:

Bronchial asthma

arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Gelden M. D.

(Address) Marlborough apts.

Hermyone B Kammerer ✓ E 11325

11325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Clifton ave St.) 15-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermyone B Kammerer

If U. S. Veteran specify WAR

(a) Residence: No. 3101 Clifton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Kammerer

6. DATE OF BIRTH (month, day, year) Feb 23 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME Charles A. Ulbig

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Elinora Hommann

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT William H. Kammerer

(Address) 3101 Clifton ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/1/37

19. UNDERTAKER Frederick A. Cole

(Address) 1916 W Lombard St

20. FILED Registrar.

DEC 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937 to Nov 27th, 1937

I last saw her alive on Nov 27th, 1937 Death is said to have occurred on the date stated above, at 5.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Spine	Sept 1937

Other contributory causes of importance:

probable general Carcinomatosis.

Was an operation performed? yes Date of Feb 1937

For what disease or injury? Carcinoma of Breast

Name of operation Removal of Breast

What test confirmed diagnosis Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathaniel M Beck M. D.

(Address) 2727 N. Charles St

41326

F 41326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Fremont St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta A Ward

If U. S. Veteran specify WAR .....

(a) Residence: No. 909 Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John T.

6. DATE OF BIRTH (month, day, year): June 19 1893

7. AGE: Years 44 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rockhall Maryland

FATHER

13. NAME: Daniel Johnson

14. BIRTHPLACE (city or town) (State or country): Rockhall Maryland

MOTHER

15. MAIDEN NAME: Louise ?

16. BIRTHPLACE (city or town) (State or country): Rockhall Maryland

17. INFORMANT (Address): John T. Ward 909 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Cem. Date: 12-1-37

19. UNDERTAKER (Address): Mrs. Geo. H. Norland 1631 Druid Hill Ave

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937, to Nov 28, 1937

I last saw her alive on Nov 28, 1937. Death is said to have occurred on the date stated above, at 1 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1925
Chr Myocarditis	1935
Other contributory causes of importance:	
Bronchial Asthma	1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward P Chaulee M. D.

(Address) 3013 St Paul St

41327

HEALTH DEPARTMENT—CITY OF BALTIMORE

41327

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Retreat St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Collins

If U. S Veteran specify WAR

(a) Residence: No. 1408 Retreat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sedonia

6. DATE OF BIRTH (month, day, year) Oct 12 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brownsville Texas

FATHER

13. NAME Columbus Collins

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

MOTHER

15. MAIDEN NAME Annie Christian

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

17. INFORMANT Sedonia Collins

(Address) 1408 Retreat St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12-1-37 19

19. UNDERTAKER Mrs. George A. Pickard

(Address) 1631 Druid Hill Ave

20. FILED ... 19 ... Registrar.

12-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/17 1937 to 11/27 1937

I last saw h... alive on 11/27 1937 Death is said to have occurred on the date stated above, at 5:41 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
& Paralysis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. W. Peeler M. D.

(Address) ...

11328

HEALTH DEPARTMENT—CITY OF BALTIMORE

11328

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2503 Bowleys Lane Ward 2)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William V. Justice.

If U. S. Veteran specify WAR

(a) Residence: No. 2503 Bowleys Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Justice

6. DATE OF BIRTH (month, day, year) July 7, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME W. D. Justice

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Allan Justice
(Address) 2503 Bowleys Lane

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date 12/3/37

19. UNDERTAKER John Ulrich
(Address) 2208 E Baltimore St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1937, to Nov 29, 1937

I last saw h.l.m. alive on Nov. 29, 1937 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1920 ?
Chronic Myocarditis	1930 ?
Heart failure. Pulmonary Edema	11-22-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
...If so, specify

(Signed) H. W. Schuff M. D. M. D.
(Address) 1206 E. Preston.

DEC 9 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11329 F 11329 82-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Pearl 17-1 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Pollard

(a) Residence: No. 414 N. Pearl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 7-7-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Emma Pollard
(Address) 414 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/1 19 37

19. UNDERTAKER Wm A Parkson
(Address) 416 Penna

20. FILED DEC 1 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28. 1937

22. I HEREBY CERTIFY, That I attended deceased (from Nov. 25 1937 to Nov 28 1937

I last saw him alive on Nov 28 1937 Death is said to have occurred on the date stated above, at 4:40 pm

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Nov 25 1937

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. O'Day M. D.

(Address) 1617 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

41330

CERTIFICATE OF DEATH 28579--CM

F 41330

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Savage

(a) Residence: No. 802 S. Hanover St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 9-28-1889 ~~1885~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	~~52~~	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ophelia Hopper

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 1 1937

19. UNDERTAKER James A. Davis

(Address) 142 Westfield Ave

20. FILED 1-1937 Clerk for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937, to Nov. 28, 1937

I last saw him alive on 11-28-, 1937. Death is said to have occurred on the date stated above, at 10:35a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 11-25-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Santolla, M. D.

(Address) Baltimore City Hospitals

Novick

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41331 — CERTIFICATE OF DEATH — 170 — F 41331

1. PLACE OF DEATH Church Home + Infirmary — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 1509 Ward)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Mrs. Anna Novick

(a) Residence: No. 3922 Fairmount Ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Novick.

6. DATE OF BIRTH (month, day, year) June 5 1907

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
30.	5	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher. 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hasket Feldman.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Ida Nachamow.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12-1-37 19

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED DEC 1 1937 Wm. H. Hemmington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 . 1937 to Dec 1, . 1937

I last saw her alive on Dec. 1, . 1937 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	1932.
Ileo-sigmoidostomy	
[redacted]	1932.
[redacted]	

Other contributory causes of importance:

Was an operation performed? yes Date of 11-20-37.

For what disease or injury? Ulcerative colitis

Name of operation Ileo-Sigmoidostomy. Date of 11-20-37.

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ . 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ____

(Signed) Hugh C Illingworth M. D.

(Address) Church Home + Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41332

CERTIFICATE OF DEATH

59

F 41332

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FANNIE SCHERR

If U. S. Veteran specify WAR

Hebrew Home for Aged + Infirm

(a) Residence: No. Greenspring + Belvidere Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced RUSBAND of (or) WIFE of Rubin Scherr

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Norman Scherr (Son)

(Address) 231 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 12-1-37

19. UNDERTAKER Agt. Levin Bro

(Address) 1727 E. Pratt St

20. FILED 1937 Huntington Williams, M.D. Registrar.

12-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937 to Dec. 1/37, 19

I last saw her alive on 12/1/37, 19 Death is said to have occurred on the date stated above, at 12 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	Nov. 28/37
Diabetic gangrene	
Hemorrhage from bowel	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irving Scherr, M. D.

(Address) Sinai Hospital

11333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11333

CERTIFICATE OF DEATH

108 cc

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., 26 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles E Repp

(a) Residence: No. 800 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Leonard G. Repp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Stumpeyer

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT (Address) Howard Repp Bel Air Md. R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cem. Date Dec. 1. 1937

19. UNDERTAKER Henry Snyder & Sons Inc Sergt Pender

(Address) Baltimore St. & Broadway

20. FILED 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia R & R. Lungs.	4 days
Valvular disease heart	same time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Chas. E. Wood M. D. Coroner

(Address) 1712 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

11334

CERTIFICATE OF DEATH

V 159 F 11334

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Deppi

U.S. Veteran specify WAR .....

(a) Residence: No. 3 N. Wickham Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/27/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Wm. Bernard Deppi

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Mrs. Olga Lashmanch

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Bernard Deppi

(Address) 3 N. Wickham Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/1/37, 19

19. UNDERTAKER Frank T. Newell

(Address) Pikesville Md

20. FILED 12-1-1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/27/37, 19 to 11/30/37, 19

I last saw him alive on 11/30/37, 19. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas. D. Marsh, M. D.

(Address) Bon Secours Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41335

CERTIFICATE OF DEATH

94-B

Registered No. E 41335

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caleb E. Bollinger.

(a) Residence: No. 2726 Huntingdon Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie L. Bollinger.

6. DATE OF BIRTH (month, day, year) July 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bells Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Wm. Bollinger

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Hassler.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Minnie L. Bollinger.

(Address) 2726 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn. Date Dec 2 1937

19. UNDERTAKER Chenoweth Bros.

(Address) 5615-17 Reisterstown

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-29-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel O Wolfe M. D.

(Address) 1331 E. North Ave Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41336

CERTIFICATE OF DEATH

23 F 41336

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Pochrose St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Wollet

If U. S. Veteran specify WAR

(a) Residence: No. 2016 Pochrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Howard F. Wollet Sr.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Blanche M Myers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Howard F. Wollet

(Address) 2016 Pochrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Lyon, Balto Co Md Date Dec 3, 1937

19. UNDERTAKER C Brownstein

(Address) 3615-17 Edmondson Ave

20. FILED DEC. 1 - 1937 Registrar

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1937, to Dec 1, 1937

I last saw him alive on Nov 29, 1937. Death is said to have occurred on the date stated above, at 12:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 2 yrs ago

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jason Donnelly M.D.

(Address) 54 Law Ave Bel Air Balto N.J.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11337

CERTIFICATE OF DEATH

93-E 11337

Registered No.

1. PLACE OF DEATH 399 Evesham Ave.

CITY OF BALTIMORE: (No. Balto Md. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Frances Pumell Mathias

(a) Residence: No. 399 Evesham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Horatio Jacob Mathias

6. DATE OF BIRTH (month, day, year) Dec 25, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles B. German

14. BIRTHPLACE (city or town) (State or country) Hartford County

MOTHER

15. MAIDEN NAME Fanny L Lowman

16. BIRTHPLACE (city or town) (State or country) Hartford County

17. INFORMANT Horatio Jacob Mathias

(Address) 399 Evesham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudoun Date Dec 3, 1937

19. UNDERTAKER Thomas E. Fenton

(Address) 3615 Edmondson Ave

20. FILED Dec 1 - 1937 Huntington Dec 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1937, to December 1, 1937.

I last saw her alive on November 30, 1937. Death is said to have occurred on the date stated above, at 7 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cerebral Hemorrhage.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41338 CERTIFICATE OF DEATH 27311 (MB) F 41338

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Robinson (Or Morrin) If U. S. Veteran specify WAR

(a) Residence: No. 1137 Carrollton Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lawrence

6. DATE OF BIRTH (month, day, year) 10/10/06

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
31	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Jennings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgia Sparks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 12/2 37

19. UNDERTAKER Thomas C. Kelson (Address) 1307 Greenmount Ave

20. FILED 12-2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-7 1937 to 11-27 1937

I last saw her alive on 11-27-1937. Death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Woolwine Jr. M. D.

(Address) Balto. City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

11339

CERTIFICATE OF DEATH 28578--CM

F 11339

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 14 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Johns

(a) Residence: No. 1521 McCulloh St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Orlow W. Johns (d)~~

6. DATE OF BIRTH (month, day, year) ~~11-15-1878~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	---	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ~~George W. Scott~~

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ~~Melvina~~ Timlic

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT ~~Records of Balto. City Hospts.~~
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 12/2 37

19. UNDERTAKER Thomas E. Kelso
(Address) 323 Pleasant St.

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 26. 1937. to November 29. 1937.

I last saw her alive on November 29. 1937. Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lauleble M. D.

(Address) Baltimore City Hospitals

340 (340)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

Registered No. 345-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Violet Hobson

(a) Residence: No. 6 Lamondson Ridge Rd., Catonsville (If non-resident give city or town and State) Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 - 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	9	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Arthur L. Hobson

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Violet C. Smith

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Arthur L Hobson

(Address) 6 Lamondson Ridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec. 1 - 37 19

19. UNDERTAKER W. H. T. B. Tippett & Son

(Address) 120 Eastern Place

20. FILED Dec 1 1937 E. J. Wm. Registrar

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	Nov. 28

Other contributory causes of importance:

Lobar Pneumonia.	Nov. 27

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Hanna M. D.

(Address) 822 N. Broadway

11341

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11341

CERTIFICATE OF DEATH

82-a

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Stricker St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Josephine Marks (nee Sliver) If U. S. Veteran specify WAR

(a) Residence: No. 397 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Geo. Albert Marks.

6. DATE OF BIRTH (month, day, year) Aug-8th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorsey, Md.

FATHER

13. NAME Fred Sliver

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Lee

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMANT Mr. Geo. A. Marks
(Address) 317 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Cemetery - Dorsey, Md 12/2/37

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave.

20. FILED DEC 1 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 29 | 37, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 37 to Nov 29 - 37

I last saw her alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/29/37
Other contributory causes of importance: High blood pressure Arteriosclerosis	7/1/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Clifford Dean, M. D.

(Address) 1122 Park Ave. Balto

41342 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 41342

CERTIFICATE OF DEATH 93-C

Registered No. 15-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 N. Payson St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert W Mobray If U. S. Veteran specify WAR

(a) Residence: No. 1811 N. Payson St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine N. Mobray

6. DATE OF BIRTH (month, day, year): Dec. 29, 1864

7. AGE: Years 72; Months 11; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: Dorchester Co Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Alfred Mobray

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Laura Williams

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs. Catherine N. Mobray 1811 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL: Edesia-Dell Date Dec. 3, 37

19. UNDERTAKER (Address): Wm. Pickens Dowd North & Pa ves.

20. FILED: DEC 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/19/37, 19..., to 11/30/37, 19... I last saw him alive on 11/30/37. Death is said to have occurred on the date stated above, at 9.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Myocarditis	1936
Due to Edema of Lungs	2 days.
Other contributory causes of importance: Cardiac Failure	Sudden

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H. C. Hauck M.D. M. D.

(Address) 1934 W. Mt. Ave.

1343

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41343

CERTIFICATE OF DEATH

V 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 N. Bond Street, 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Meyers

If U. S. Veteran specify WAR

(a) Residence: No. 525 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Susie Meyers

6. DATE OF BIRTH (month, day, year): June 17, 1868

7. AGE: Years: 69 | Months: 5 | Days: 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sexton
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER:
13. NAME: George Meyers
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER:
15. MAIDEN NAME: Josephine Morris
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Mrs. Pauline Nicholas 809 N. Rhodesdale Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Dec. 2, 37

19. UNDERTAKER (Address): Robert H. Conway 804 W. Caroline St.

20. FILED ..... Registrar.

12-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937 to Nov 28, 1937

I last saw him alive on Nov 28, 1937. Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis (suspected Malignancy)	Oct, '37
Other contributory causes of importance: Pernicious Pulmonary Congestion	Nov 4 '37

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St.

41344 F 41344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18- 1144-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ozella Sprigg

(a) Residence: No. 206 Vine St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Russell Sprigg

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 39 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: James Peterson

14. BIRTHPLACE (city or town) (State or country): Anne Arundell Md

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Carter

(Address): 2431 Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: Dec 2, 1937

19. UNDERTAKER: Mrs Kate R. Williams

(Address): 322 S. Schroeder St.

20. FILED ..... 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937, to Nov 29, 1937

I last saw her alive on Nov 29, 1937. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine atony & Post Partum Hemorrhage	Nov 29, 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 29, 1937

For what disease or injury? Post partum Hemorrhage

Uterine Packing.

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Hansen Alexander M. D.

(Address) University Hospital

41345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41345

CERTIFICATE OF DEATH

25529-RH

Registered No. 18-1 3447

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jaremiah Burke

(a) Residence: No. 940 W. Mulberry St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene

6. DATE OF BIRTH (month, day, year) 9/9/1894 1897

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	40	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chef 0621

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodlawn Farm Lunch

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaica

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Jamaica

MOTHER

15. MAIDEN NAME Susan Oakley

16. BIRTHPLACE (city or town) (State or country) Jamaica

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 2, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 3221 Schroeder St

20. FILED ... 19 ... Registrar.
DEC 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1937, to November 29, 1937

I last saw him alive on November 29, 1937. Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

E 41346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 160-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 7-5 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jack L. Jordan

(a) Residence: No. Cardiff Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/30/37

7. AGE	Years	Months 0 Mths	Days 26	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jesse Jordan

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Va. Kitzessner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 1 - 1937, 19

19. UNDERTAKER Commissioner of Health

(Address) Per K. A. Moore

20. FILED ..., 19... Registrar.

DEC 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1937, to Nov. 26, 1937

I last saw him alive on Nov. 26, 1937. Death is said to have occurred on the date stated above, at 8:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial skull injury.	Oct 30
Pneumonia	Nov 22
(one)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert H. Ward, M. D.

(Address) J. H. H.

✓ F 41347

11347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-2

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jos. McGinnity If U. S. Veteran specify WAR .....

(a) Residence: No. 604 W. Redwood St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 1 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) For H. H. Moore

20. FILED ... 19 ... Registrar

DEC 1 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) G. H. Corslin M. D.

(Address) 737 W. Monument

E 41348

HEALTH DEPARTMENT—CITY OF BALTIMORE

1348

CERTIFICATE OF DEATH

10-146-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Mullaney

(a) Residence: No. 1200 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 25 Nov. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coachman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Mullany

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bridget Murphy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Dec 2 '37

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED DEC 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Dec 1 1937.

I last saw him alive on Nov 29 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?
Other contributory causes of importance: Asthenia	3 mos.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. C. Corkery M. D.

(Address) 1114 Hollins

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41349 — 131 F 41349

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Brendan Ave. St. 36-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Henry Herrman

(a) Residence: No. 3012 Brendan Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Caroline S. Herrman

6. DATE OF BIRTH (month, day, year): March 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Employee
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: John M. Herrman
14. BIRTHPLACE (city or town) (State or country): Unknown Germany

MOTHER

15. MAIDEN NAME: Eva Stenglein
16. BIRTHPLACE (city or town) (State or country): Unknown Germany

17. INFORMANT: Mrs. J. H. Herrman
(Address): 3012 Brendan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Jerusalem Cem. Date: Dec. 4 '37

19. UNDERTAKER: Frederick Grosfeld & Sons
(Address): 7401 Belair Road

20. FILED 19 Registrar: Hunting for Williams N.T.

C 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 1st. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934 to Dec 1 1937
I last saw h. alive on Nov 30 1937 Death is said to have occurred on the date stated above, at 12:02 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Indefinite
Other contributory causes of importance: Arteriosclerotic heart & Kidneys	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Nathaniel M. Beck M. D.

(Address) 2727 N. Charles St.

F 41350

41350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Baltimore City Hospitals — 86 — Registered No. 1572
CITY OF BALTIMORE: (No. Bay View St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Bundy — If U. S. Veteran specify WAR
(a) Residence: No. 1501 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nov. 30-1937

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days / Hours	If LESS than 1 day, hrs. or min.
✓	—	5 hrs	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Harry Bundy
14. BIRTHPLACE (city or town) (State or country) Radio Maryland

MOTHER
15. MAIDEN NAME Edith Stebbins
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edith Bundy (Mother)
(Address) 1501 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 1 - 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. 19 Registrar

DEC - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 months premature birth; Weeks 2½ lbs.	5 hrs.
Other contributory causes of importance: Abortion	

Was an operation performed? No Date of —
For what disease or injury?
Name of operation Clinical Date of —
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. C. Wood, M. D. Coroner
(Address) 1712 N. Broadway

V S 6

3867 14

41351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41351

82-a

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 702 Melville ave ST., 9-3 WARD)

2-FULL NAME William Alexander Phelps

(a) RESIDENCE NO. 702 Melville ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced: (H) HUSBAND of (or) (W) WIFE of: Lily Martin Phelps

6 DATE OF BIRTH (month, day, and year): Nov. 25 1865

7 AGE: Years 72 | Months — | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate Investor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Wytheville, Virginia.

PARENTS

10 NAME OF FATHER: William W. Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country): Massachusetts.

12 MAIDEN NAME OF MOTHER: Sarah Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wytheville Virginia.

14 Informant (Address): Bertram C. Phelps, Corbett, Baltimore

15 Filed DEC 2 - 1937 19 H. M. Fl. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1, 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Dec. 1, 1937,

that I last saw h[illegible]alive on Dec 1, 1937,

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Nov 29. 1937

Uraemia Nov 30. 1937

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis.

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Herbert F. Richard, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Hampton, Md.

DATE OF BURIAL: Dec 3 1937

20 UNDERTAKER: Wm. C. Brooks & Son

ADDRESS: Sparks, Md.

11352

HEALTH DEPARTMENT—CITY OF BALTIMORE

11352

46-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Colv T 33rd St. 15-11 Ward 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MABEL A. RIGNEY (MRS JOHN) If U. S. Veteran, specify WAR No Record

(a) Residence: No. 3504 Wabash ave St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John Rigney

6. DATE OF BIRTH (month, day, year) Nov 10th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Gerenny

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Gerenny

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edith Rosenbaum

(Address) 5504 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 12-2-1937 Registrar

Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27-1937 to 11-30-1937

I last saw her alive on 11-30-1937 Death is said to have occurred on the date stated above, at 11:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ventricular	
Perf. ulcer " "	

Other contributory causes of importance:

Secondary anemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Robert Reeve M. D.

(Address) Union Memorial Hospital.

F 41353

41353 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S. Robinson St. 25 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William Hart

(a) Residence: No. 242 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of Louisa Hart

6. DATE OF BIRTH (month, day, year) Dec 25th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Segal Specialty Co

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas J. Hart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kate White

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Louisa Hart
(Address) 242 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Dec 2nd 37

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St

20. FILED Dec 1 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 to Nov 30 1937. I last saw h alive on 19. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carbuncle — Date of onset

Septicemia

Other contributory causes of importance:

Chronic nephritis

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. McGinley M. D.

(Address) 2506 E Balto.

11351

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11351

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1228 St Paul St. 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 1 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Laura Elgin Buck

(a) Residence: No. 1228 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced (or) WIFE of Richard Ruly Buck

6. DATE OF BIRTH (month, day, year) Oct. 19 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ~~Laura Elgin~~ Geo. W. Graefflin
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura ~~Elgin~~ Jane Hooper
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Laurence M Buck
(Address) 1228 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 3, 1937

19. UNDERTAKER Percy V. Jenkins Mortuary Co
(Address) 1 E Preston St

20. FILED Dec 2 1937 Registrar.

12-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1937, to 12-1, 1937.
I last saw h[illegible] alive on 12-1, 1937. Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation —
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
(Address) 1129 St. Paul St

F 11355

11355

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 36 — Registered No. 137

CITY OF BALTIMORE: (No. Bay View St., 12 West) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sadie McClellan

(a) Residence: No. 1313 Brunt St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Oscar McClellan

6. DATE OF BIRTH (month, day, year) Jan. 7 - 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Elijah Inmond

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Fannie Jackson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Estelle Woody (wife) (Address) 1001 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Dillon S. C. Date Dec. 2, 37

19. UNDERTAKER Robert E. Young (Address) 804 W. Caroline St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia due to Streptococcus infection Left thumb	7 days
Other contributory causes of importance Atelectasis lower lob left lung.	3 days

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 22 1937

Where did injury occur? 1313 Brunt St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Puncture left thumb

Nature of injury Streptococcus Infection

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 W. Baltimore St.

V S 6

41356

HEALTH DEPARTMENT—CITY OF BALTIMORE

41356

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Benton Heights St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian M Ketler

If U. S. Veteran specify WAR .....

(a) Residence: No. 516 Benton Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard J Ketler

6. DATE OF BIRTH (month, day, year) Sept 18 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Theodore Henckman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Howard J Ketler
(Address) 516 Benton Heights St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/3 1937

19. UNDERTAKER Leonard Funeral Home
(Address) 1401 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/29/37 19... to 11/30/37 19...
I last saw him alive on 11/30/37. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset

Other contributory causes of importance:
Arterio sclerosis

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. Carl Smith M. D.

(Address) 47 So Stockton (Rear)

83

1357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11357

CERTIFICATE OF DEATH

✓ 94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Eastern Ave. St., 2-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Frederick W. Langrehr

If U. S. Veteran specify WAR

(a) Residence: No. 1815 Eastern Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Davis

6. DATE OF BIRTH (month, day, year) May [illegible]t 4, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Liquor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Langrehr

14. BIRTHPLACE (city or town) (State or country) California

MOTHER

15. MAIDEN NAME Anna Schuhs

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT John Langrehr

(Address) 4305 Walther Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Mem. Date 12/2/37 19

19. UNDERTAKER Leonard J. Post

(Address) 3305 Harford Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1937 to Nov. 29th, 1937

I last saw h[illegible] alive on Nov. 29th, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Nov. 24/37
Other contributory causes of importance: Cirrhosis Liver	Nov. 11/37

Was an operation performed? ..... Date of ..... ave

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?

.....If so specify .....

(Signed) Herman J. Giering, M. D.

(Address) 1900 Eastern Ave.

358

HEALTH DEPARTMENT—CITY OF BALTIMORE

11358

CERTIFICATE OF DEATH

51-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Berkshire Rd (Street) (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Bohl

(a) Residence: No. 3115 Berkshire St., Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Jos Bohl.

6. DATE OF BIRTH (month, day, year) April 8-1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Constable

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME John Bohl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Jos Bohl

(Address) 3115 Berkshire Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rest. Date 12/4/37

19. UNDERTAKER Leonard J. Brady

(Address) 5305 Harford Ave.

20. FILED ..... 19.... ..... Registrar.

DEC 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1-1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937 to Dec 1st 1937

I last saw him alive on Nov 30th 1937 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Kidney	Jan 37

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1937

For what disease or injury? Carcinoma of Kidney

Name of operation Removal of R Kidney

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? None.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Brady M. D.

(Address) 5306 Harford Road

41359 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41359

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 E 31st St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Ludwig Jr

(a) Residence: No. 1925 E 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Annie M. Ludwig

6. DATE OF BIRTH (month, day, year) Oct. 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineering

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Andrew Ludwig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Dell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie M. Ludwig

(Address) 1925 E 31st St

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date Dec 2, 1937

19. UNDERTAKER John A. Inman

(Address) 3000 E Balto St.

20. FILED Dec 2 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30/1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937 to Nov 30 1937

I last saw him alive on Nov 30 1937. Death is said to have occurred on the date stated above, at 3a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	11-26-37
Pyelitis	June 1937
Hypertension	June 1937

Other contributory causes of importance: none

Was an operation performed? no. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Eordy M. D.

(Address) 5106 Harford Road

V6 3

11360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11360

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 William St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Eleanor Daumann

(a) Residence: No. 1316 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Daumann

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Nicholas Schultz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Friedman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Nancy Daumann
(Address) 1318 William

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date 12/2/37

19. UNDERTAKER John J. Fahey Jr. Sons
(Address) 1318 Light St.

20. FILED ... 19 ... Registrar.

1937 F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Nov 30, 1937

I last saw her alive on Nov 30, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9 days
Other contributory causes of importance: Pneumonia	9 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Wells M. D.

(Address) 1229 William St

HEALTH DEPARTMENT—CITY OF BALTIMORE

41361

1361

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Provident Hospital Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Gansle

(a) Residence: No. 836 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gansle

6. DATE OF BIRTH (month, day, year) Jan 1, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Gansle

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susie Bennett

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gertrude Jackson
(Address) 616 Gilbert St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 12/4/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11. 29. 1937 to 12. 1. 1937

I last saw him alive on 12. 1. 1937. Death is said to have occurred on the date stated above, at 2 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11.26.37

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

2-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11362 — 46-4 11362

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 7-S (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Maria Moy Gernand
(a) Residence: No. 3412 Chesley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Gernand

6. DATE OF BIRTH (month, day, year) Sept. 22 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	9	

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Abraham Cole
14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

MOTHER
15. MAIDEN NAME Maria Louise Dunn
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William Gernand
(Address) 3412 Chesley ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Dec. 4th 37

19. UNDERTAKER Frederick Boarman Sons
(Address) 7461 Belair Road

20. FILED DEC 2 - 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1937 to Dec 1 1937
I last saw her alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 11 20/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid Colon	
Peritonitis	6 days?
Other contributory causes of importance:	
Secondary Anemia	?

Was an operation performed? Yes Date of Nov 20, 1937
For what disease or injury? Ca. Sigmoid
Name of operation Resection of Sigmoid
What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Gilbert E. Kaufman M. D.
(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41363

CERTIFICATE OF DEATH

✓92 F 41363

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. - mos. - ds. How long in U. S. If of foreign birth? 35 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Jung Wing

(a) Residence: No. 207 S Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Yellow

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): about 1880

7. AGE: Years: about 57; Months: -; Days: -; If LESS than 1 day, hrs. or min.: -

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year): Nov 24 37

11. Total time (years) spent in this occupation: 30 years

12. BIRTHPLACE (city or town) (State or country): China

FATHER

13. NAME: Jung Lew Sin

14. BIRTHPLACE (city or town) (State or country): China

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): China

17. INFORMANT: Mr Jung Wing (brother)
(Address) Wolfe St, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Dec 2 1937

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 1058 W Pratt St

20. FILED 19
Registrar

Dec 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis & insufficiency	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41364 F 41364

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 186-a sc

CITY OF BALTIMORE: (No. Bay View St., 26-6 Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Sandner

(a) Residence: No. 3432 Roland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of WIFE of John Sandner

6. DATE OF BIRTH (month, day, year) May 9-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 10-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Kerns

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hannah Silby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth W. Kate

(Address) 324 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12-3 37 19

19. UNDERTAKER Lewis Thayer Co.

(Address) 125 W. Northern

DEC 2 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia } result of fracture }	1 Week
Other contributory causes of importance: Fracture right femur Accidental, Others	Sept. 11-1937 6 Weeks

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 11. 1937

Where did injury occur 3432 Roland Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Washing stair steps } fell down 3 steps }

Nature of injury Fracture right femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C F 11365

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 320 Hanover St. St. 2-3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John W. Burns

(a) Residence: No. 320 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Crosse, Wisconsin

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John W. Burns
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Balt. Date Dec 2 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained at said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) T. H. Nelson Coroner M. D.

(Address) 27 S. Paca St.

V S 6

12-2-1937 Died Dec 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

11366 11366

CERTIFICATE OF DEATH

24-495-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Light St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1723 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Fogle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick E Miller

(Address) 2109 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec 2 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St.

20. FILED . 19

Registrar.

DEC 2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1937 to Nov. 29, 1937

I last saw him alive on Nov. 28, 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	?
Coronary thrombosis	Nov. 8th. 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

3667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41367

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Warren Ave. St. 24-2 Ward)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Ann Forsyth

(a) Residence: No. 339 Warren Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Forsyth

6. DATE OF BIRTH (month, day, year) March 4, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT William H. Forsyth
(Address) 339 Warren Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec. 4, 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ..... 19 ..... Registrar

DEC 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1937.

22. I HEREBY CERTIFY, That I attended deceased from November 25 to Dec 1 1937

I last saw her alive on 12/1 10.45 1937 Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene Right Leg	Nov. 1 1937
Other contributory causes of importance: Diabetes mellitus	
Pulmonary congestion	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Isaac Adler M. D.

(Address) 225 St. Charles St

11368 E 11368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1153 Carrollton ave St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard H. Russell
If U. S. Veteran specify WAR

(a) Residence: No. 1153 Carrollton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Edith Russell

6. DATE OF BIRTH (month, day, year) March 24 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER
13. NAME Richard H. Russell
14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER
15. MAIDEN NAME Elizabeth Lusby
16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Edith Russell
(Address) 1153 Carrollton ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date Dec 3 1937

19. UNDERTAKER J. J. Brooks
(Address) 1463 McCarey St

20. FILED Dec 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and, from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 1130 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hayes Coroner M. D.
(Address) 210 Hanover

S 6

F 41369

41369 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-1 Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse Clifton Griffin

(a) Residence: No. 616 Barney St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15. 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander Griffin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Flora Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Flora Johnson

(Address) 612 Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2 1937

19. UNDERTAKER J. J. Brooks

(Address) 1463 N. Carey St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Nov 29 37
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Heah Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Yes, specify)

(Signed) M. D.

(Address)

V S 6

F 41370

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41370

CERTIFICATE OF DEATH

144-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital 9-2 (Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Lee Popp

(a) Residence: No. White Marsh, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland General Hosp.

FATHER

13. NAME Daniel Popp

14. BIRTHPLACE (city or town) (State or country) Cockeysville, Md.

MOTHER

15. MAIDEN NAME Helen Ayres

16. BIRTHPLACE (city or town) (State or country) Harford County Md.

17. INFORMANT Mother
(Address) White Marsh, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place Salem Cemetery Date Dec 2 1937

19. UNDERTAKER David Saunders
(Address) Upper Falls Md

20. FILED ..... 19..... Registrar.

Dec 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1st. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1937 to Dec. 1st 1937

I last saw h.. alive on Dec. 1st 1937 Death is said to have occurred on the date stated above, at 4:10 Am.

The principal cause of death and related causes of importance were as follows:

Variella Encephalitis — Date of onset 11/22/37 11/28/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. T. Tyndall M. D.
(Address) Lydenham Hosp

F 41371

41371 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723. S. Bond St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Rozalia Szymanska

(a) Residence: No. 723. S. Bond. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Michael Szymanski

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Walenty Pruchnisski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not. Known

17. INFORMANT Helen. Boons.
(Address) 723. S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 12/3 37

19. UNDERTAKER William Gialkowski
(Address) 1615. Eastern ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937 to Nov. 29, 1937

I last saw h[illegible] alive on Nov. 29 1937. Death is said to have occurred on the date stated above, at 5.50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Arterio-Sclerosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Nowakowski, M. D.

(Address) 2529 Eastern ave

Z-1351

Dr. Levin, 4818 Reis. Rd.

11372

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11372

CERTIFICATE OF DEATH

47-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Callow Ave. St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Landy

(a) Residence: No. 2123 Callow Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Rebecca Landy

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abdel —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rivka —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rebecca Landy.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Russidale Date 12-2- 1937

19. UNDERTAKER Jos. Keyser, Inc.
(Address) 1739 E. Balto St

20. FILED ..... 19..... Registrar

12-2-1937 Remington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2- 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29 1937 to Dec 2 1937

I last saw h.m. alive on Dec 2 1937. Death is said to have occurred on the date stated above, at 3.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1937
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Manuel Levin M. D.

(Address) 4818 Reisterstown Rd.

11373 E 11373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHN HOPKINS HOSP. St., 1-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME JOHN F. FRIES

(a) Residence: No. 1109 S. POTOMAC ST., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) NOV 4/ 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOHN WM. FRIES

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME ESTELLA DOTTERWIECH

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT JOHN WM. FRIES (FATHER)

(Address) 1109 S. POTOMAC. ST.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date DEC. 3 37

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 402 E. Lafe St.

20. FILED DEC 3 1937 Registrar

Vs 6

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) DEC. 1 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Mongolianism

Date of onset

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul O'Leary M. D. Coroner

(Address) 1912 E. North Ave.

MOTHER

15. MAIDEN NAME ESTELLA DUTTERWICH

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT JOHN WM. FRIES (FATHER)
(Address) 1109 S. POTOMAC ST.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date DEC. 3 37

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 402 S. Wolfe St.

20. FILED Dec 4 1937 Registrar

Accident, suicide, or homicide? Date
Where did injury occur?
Specify whether injury occurred in industry, in home, or in public
place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul Schreuber M. D.
(Address) 1919 E. North Ave. Coroner

V F 11374

11374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28241 (MB) 56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Young

(a) Residence: No. 1018 S. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/2/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John (d)

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Agnes Ciganek

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem Date Dec 4 1937

19. UNDERTAKER Lilly & Zeiler Inc. NC.
(Address) 402 N Wolfe St.

20. FILED 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1937 to 12- 1937

I last saw him alive on 12-1 1937. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pneumonitis (Acute)	11-11-37

Other contributory causes of importance:

Rheumatic endocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. R. Williams M. D.
(Address) B. C. H.

VS 9

12-1937

✓ F 41375

41375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 8877

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Garrett

(a) Residence: No. 934 S. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna Garrett

6. DATE OF BIRTH (month, day, year) July 10-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Garrett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Barry Coons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Anna Garrett (wife)

(Address) 934 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place new cathedral Date Dec 3 1937

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 N. Wolfe St.

20. FILED Dec 2 1937 Thomas J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	7 Hours
Other contributory causes of importance: Fracture left femur	6 Weeks

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 14 1937

Where did injury occur? 934 S. Curley St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on step fell to ground

Nature of injury Fracture left. femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

Dec 2 1937 6 17

M. D. B 1268-9

11376 ✓ F 41376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1498 - 149a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 20 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Huster (HUSTER)

(a) Residence: No. 2002 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Raymond J. Huster

6. DATE OF BIRTH (month, day, year) Nov 22 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none reported

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Buzinskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Buzinskas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Franklin Square Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 3 1937

19. UNDERTAKER Robt Burns & Sons
(Address) Hollins & Fulton

20. FILED 1937 Dec 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1937 to Nov. 30 1937

I last saw her alive on Nov. 30 1937 Death is said to have occurred on the date stated above, at 4:03 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia, undetermined origin	11-24-37
Pregnancy	Feb 1937
Eclyptical asthenia	

Other contributory causes of importance:

Name of operation Abdominal Caesarean section Date of 11-24-37

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address) Franklin Sq. Hosp.

11377 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11377

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 W. Baltimore St., 18-1 48 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Della Mary Brashears

If U. S. Veteran specify WAR .....

(a) Residence: No. 828 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of Elmer F. Brashears.

6. DATE OF BIRTH (month, day, year) Nov. 20, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Queen Anne County Maryland

FATHER

13. NAME Jacob B. Clarke

14. BIRTHPLACE (city or town) (State or country) Queen Anne County Maryland

MOTHER

15. MAIDEN NAME Georgia Hamilton

16. BIRTHPLACE (city or town) (State or country) Queen Anne County Maryland.

17. INFORMANT Georgia Clarke
(Address) 828 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Cem. Date Dec. 3 1937

19. UNDERTAKER C. Ambrose & Son
(Address) 1017 W. Fayette St.

20. FILED DEC 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1937 to Nov 30, 1937.

I last saw her alive on Nov 30, 1937 Death is said to have occurred on the date stated above, at 10 20 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus with Metastasis generalized

Date of onset .....

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical Findings

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Clark, M. D.

(Address) 826 Park Ave

338149 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11378

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1937

CITY OF BALTIMORE: (No. ..... St., 725 THOMAS Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Slater — If U. S. Veteran specify WAR .....

(a) Residence: No. Odenton St., ... Ward. md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) 7-30-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Odenton md

FATHER

13. NAME Marvin T. Slater

14. BIRTHPLACE (city or town) (State or country) Savage md

MOTHER

15. MAIDEN NAME Helen J. Hood

16. BIRTHPLACE (city or town) (State or country) Severn md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Odenton, Md Date Dec 5, 1937

19. UNDERTAKER Wm J. Tiepner & Bro
(Address) Balto Md

20. FILED ..... 19..... Registrar.

DEC 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29-37, 1937, to 12-1, 1937

I last saw him alive on 12-1, 1937. Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial pneumonia	Nov 26
(bilateral)	

Other contributory causes of importance:

Pertussis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alston Mc Illroy Jr. M. D.

(Address) Johns Hopkins Hospital

1377) F 41379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4510 Liberty Heights Ave. 28-1 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Ryne Bullen

(a) Residence: No. 4510 Liberty Heights Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie V. Stevens Bullen

6. DATE OF BIRTH (month, day, year) Nov. 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enterprise Steam Heating Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Bullen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester DeMuth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Irene B. Lechthaler

(Address) 3510 Wabash Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec. 4, 1937

19. UNDERTAKER Wm. P. Tzikman & Sons

(Address) North & Pulaski

20. FILED DEC 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1937 to Dec 1 1937

I last saw him alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	?
Chronic Myocarditis	
" Nephritis	
Other contributory causes of importance: Coronary Thrombosis	Nov. 25 1937
Cerebral	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Luther C. Little M. D.

(Address) 928 N. Chas. St

17

F 41380

11380

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Unk

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT — Hospital Records

(Address) Provident Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Potter's Field Date DEC 2 1937 19

19. UNDERTAKER Per H. A. Woods

(Address)

(Registrar)

2-1937

3608

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence thereat and from (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Apoplexy	Nov 6 37

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 38 E. Lanvale St. Coroner

11381 F 11381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	unk

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME unk
14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Police Records
(Address) W & Heston

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date DEC 2 - 1937, 19

19. UNDERTAKER
(Address)

20. FILED DEC 2 - 1937 Per H. A. Kemp Assistant Registrar

UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said ... (Inquest, Attorney or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unk

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 50 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V S 6

3603 4

41382 ✓ F 41382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary St. 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ray Etheridge

(a) Residence: No. ... Forest St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Md. Penitentiary Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mantio N Carolina Date Dec 2 1937

19. UNDERTAKER Chas F Bruce & Son
(Address) 118 W. Mt Royal ave

20. FILED 12-1937 19 Registrar Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	11-29-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11-29, 1937

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Tied sheet around neck + jumped off.

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Samuel Wolfe Coroner, M. D.

(Address) 1331 E. North ave

V S 6

H

F 41383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Menlo Drive St., 7-20 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Read

If U. S. Veteran specify WAR no

(a) Residence: No. 3403 Menlo Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. G. Read.

6. DATE OF BIRTH (month, day, year) July 25, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis A. Ebert

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eva Jane Wolf

16. BIRTHPLACE (city or town) (State or country) Baltimore,

17. INFORMANT (Address) Frances Read 3403 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/4 37

19. UNDERTAKER (Address) Herman Lemmon 3611 Park Heights ave.

20. FILED ... 19... Registrar

DEC 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from November 29 1937 to Dec 1 1937

I last saw her alive on Dec 1 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of coronary artery	11/29/37
Cardiac insufficiency	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Carl M. Greer M.D.

(Address) 918 Madison Ave

41384

HEALTH DEPARTMENT—CITY OF BALTIMORE

41384

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustine Palma

If U. S. Veteran specify WAR

(a) Residence: No. 423 W. 23rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Aug 8 1883~~

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Carpipisa Palma

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henreetta Yacovissi

(Address) 423 W 23 S treet

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12- 4- 1937

19. UNDERTAKER Edward Toulson

(Address) 2359 Washington Blvd

20. FILED 19 ... (Registrar)

12- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937 to Dec 1 1937

I last saw him alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	11-24-37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Kaufman M. D.

(Address) St. Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

11385 11385

CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Fenwick St., 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Buttner

If U. S. Veteran specify WAR

(a) Residence: No. 2702 Fenwick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Buttner

6. DATE OF BIRTH (month, day, year) Dec 17 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 74	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John H Clover

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jno Divers
(Address) 3000 Brendon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Dec 5-37

19. UNDERTAKER Jos H Henderson
(Address) 3001 Kentucky Ave

20. FILED 12-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1937 to Dec. 1 1937

I last saw h. alive on Dec. 1 1937 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral hemorrhage	

Other contributory causes of importance:

(1) Bronchio pneumonia

(2) acute myocarditis

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas H Mentzell, M. D.

(Address) 1730 Linden Ave

M. D. B 1269-9

F 41386

11386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Belvedere St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Francis Nelson Jr.

(a) Residence: No. 74 W. Maple St. East Orange, N. J. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Bunny

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Row Peterson & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palmyra, Mo.

FATHER

13. NAME Louis F. Nelson

14. BIRTHPLACE (city or town) (State or country) Mo.

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not Obtainable

17. INFORMANT Miss Lillian Russell

(Address) 131 E. 23d. St., New York

18. BURIAL, CREMATION, OR REMOVAL

Palmyra, Mo. Date 12/2/37 19

19. UNDERTAKER Henry L. Brakenhoff

(Address) 5 E. Eager St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h is death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-1-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel Brock M. D. Coroner

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

Via Pennsylvania Railroad # Escort - Miss Lillian Russell

387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a F 11287

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. West. Balto. Gen. Hos. St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Carter

If U. S. Veteran specify WAR

(a) Residence: No. 706 Newington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Reynolds

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Garrington Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Frederick Carter

(Address) 706 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 12/3/37

19. UNDERTAKER John C. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

20. FILED Dec 2 1937 Registrar. Eyre

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hamm, Jr. M. D. Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

11388 — 46-B — F-B 11388

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Union Memorial Hospital.

CITY OF BALTIMORE: (No.) ..... St., 20 Ward 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME: Robert Taylor Bain

(a) Residence: No. 411 Fowden Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Jan 26, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gas Gas Co =

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hatels maker

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

FATHER

13. NAME: John Bain

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Jane Ralph

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Mrs Hugh Hanna 10 Stowell Ingram Pa

18. BURIAL, CREMATION OR REMOVAL: Place Pittsburgh Pa. Date Dec 4 37

19. UNDERTAKER (Address): John Comstell Bros 1900 Eutaw Place

20. FILED: DEC 2 - 1937 By Deputy Registrar, Balto., Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1937 to Dec. 1, 1937

I last saw him alive on Dec. 1, 1937 Death is said to have occurred on the date stated above, at 7 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of stomach	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert T. Olive M. D.

(Address) Union Memorial Hospital.

F 11389

11389
33785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Dols

(a) Residence: No. 510 W. Fayette St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lula L. Dols (nee Wiggins)

6. DATE OF BIRTH (month, day, year) 12/5/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker. 0003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Adam Dols

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Gelbe

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Dec. 3 1937

19. UNDERTAKER Roland L. Ferkler
(Address) 612 N. Monroe St

20. FILED 12-1937 H. W. L. Wilson, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1937 to Dec-1 1937

I last saw him alive on Dec-1 1937. Death is said to have occurred on the date stated above, at 5 05/5 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov 19, 1937
Other contributory causes of importance:	
auricular flutter + myocardial failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas N. Brune, M. D.

(Address) Johns Hopkins Hospital

8 14

41390 ✓ F 41390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Robinson

(a) Residence: No. 1329 Upton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 5th 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Felix Robinson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Hawkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT University Hospital Records

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

UNIVERSITY MEDICAL SCHOOL DEC 2 - 1937

COMMISSIONER OF HEALTH

19. UNDERTAKER For H. A. Moore

(Address) .....

20. FILED 2-1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1937 to Nov 30th, 1937

I last saw her alive on Nov 30th, 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premiturity	Nov 5th 1937
Intracranial Hemorrhage	
Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. King B. E. Seegar, Jr. M. D.

(Address) University Hospital

OCCUPATION IS VERY important. See instructions on back of this sheet.

41391 ✓ F 41391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. St. 18-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alethea Porter

If U. S. Veteran specify WAR

(a) Residence: No. 1013 Mt Cleary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) Nov. 24 1937

7. AGE Years	Months	Days 7	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital

FATHER

13. NAME Thomas Porter

14. BIRTHPLACE (city or town) (State or country) Smithfield Va

MOTHER

15. MAIDEN NAME Ruth Fields

16. BIRTHPLACE (city or town) (State or country) Suffolk Va.

17. INFORMANT Ruth Fields

(Address) 1013 Mt Cleary St

18. BURIAL, CREMATION, OR REMOVAL. Place UNIVERSITY MEDICAL SCHOOL Date DEC 2 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

20. FILED 19 Registrar.

DEC 2 - 1937

Stock 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 37 19 to Dec. 1 37 19

I last saw her alive on Dec. 1 19 37 Death is said to have occurred on the date stated above, at 1:05 P m.

The principal cause of death and related causes of importance were as follows:

aspiration of feeding — Date of onset Dec. 1, 1937

Other contributory causes of importance:

Prematurity 30 wks.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward [illegible] M. D.

(Address) Univ. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28430 SF

41392

CERTIFICATE OF DEATH

95-B F 41392

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospitals 30 yrs St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Evans

(a) Residence: No. 33 E. Lee St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor Gurgish

6. DATE OF BIRTH (month, day, year): 6/3/1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: boiler fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): No. J.

FATHER

13. NAME: George Evans

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Eleanor Y

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): nospital records

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/3 1937

19. UNDERTAKER: J. Wm. Schaefer Sons

(Address) 131 E. Lee St.

20. FILED Huntington Hill Registrar

DEC 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1937 to December 1, 1937

I last saw him alive on December 1, 1937 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-30-37
Other contributory causes of importance: Arteriosclerotic heart disease Unknown	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

11393 ✓ F 11393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 994 Franklintown Road St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James W. Kalista

If U. S. Veteran specify WAR

(a) Residence: No. 994 Franklintown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Kalista

6. DATE OF BIRTH (month, day, year) Dec 17, 189

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Kalista

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Stegl

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Kalista
(Address) 994 Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 4 1937

19. UNDERTAKER Jacob Jackson
(Address) 1906 Eastland Ave

20. FILED DEC 4 1937 H. Lester Williams, Registrar

12 - 1937 8 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1937 to Dec 1, 1937

I last saw him alive on Nov 30, 1937 Death is said to have occurred on the date stated above, at 11:4 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	2 hr.
Hypertension (R)	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Fred Rumbo M. D.

(Address) 800 Mount St

338010 F 11394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11394

CERTIFICATE OF DEATH

108

JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. 5 Ward)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Driver

(a) Residence: No. 1605 Waldo Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/9/37

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Gordon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date Dec 3rd 1937

19. UNDERTAKER Mrs Ida Bailey
(Address) 1421 Jefferson St

20. FILED 12-1937 Registrar Huntington Highlands, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937 to Dec 1, 1937

I last saw him alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 3.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-27-37
Empyema	11-28-37
Purulent pericarditis	11-28-37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stiles, Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

11395 — 11395

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Kenwood Ave. St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julianna Cichocka

(a) Residence: No. 2214 Portugal St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marcel Cichocki

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Szeshinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Miss Cichocki Daughter
(Address) 2214 Portugal St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 3 1937

19. UNDERTAKER Fred W Ozagowski
(Address) 1930 Eastern Ave.

20. FILED 12-2-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1937 to Nov. 30 1937

I last saw her alive on Nov. 29 1937 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?
Chr. Myocardial Insuff.	

Other contributory causes of importance:

Cardiac Decompensation	1 mo.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Emil F. Lewis M. D.

(Address) 1001 E. Pratt

41396

F 41396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 W. Lanvale St., 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W. Cochran

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3015 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cochran

6. DATE OF BIRTH (month, day, year) Oct 7, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rents

10. Date deceased last worked at this occupation (month and year) 11/1937

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Presley N. Cochran

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Hackett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna Cochran

(Address) 919 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Dec 3 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 7:15 a.m.

	Date of onset
Pistol bullet through brain,	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/1, 1937

Where did injury occur? 3015 W. Lanvale St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Pistol bullet

Nature of injury Through cranium & brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Harry Krauss M. D.

Coroner

(Address) 1215 Harlem Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

City of Baltimore
~~STATE OF MARYLAND~~—CERTIFICATE OF DEATH 41397

1397

95-B

1. PLACE OF DEATH

Registration Dist. No. 27-6

County

~~Village or~~ City 6105 Birchwood Ave No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Neumann If U. S. Veteran, specify WAR No Record

(a) Residence: No. 6105 Birchwood St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Elizabeth C. Neumann

6. DATE OF BIRTH (month, day and year) May 15th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Car Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Penna R. R.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Hugo Neumann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Fetka

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irma L. Weber

(Address) 48 Ridge Rd - Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Maryland Park Date Dec 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 2 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1937 to 12/1 1937 death is said to have occurred on the date stated above, at 10 A.m.

I last saw him alive on 12/1 1937

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

	Date of onset
Arterio-sclerotic Cardio-Vascular disease	1936

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Heiss M.

(Address) 6701 York Rd.

TION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

3-1937

41398

HEALTH DEPARTMENT—CITY OF BALTIMORE

41398

CERTIFICATE OF DEATH

V95-B

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. ..... St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Reifsnider

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1100 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Oct 4th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Charles P. Reifsnider

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Elizabeth E. Smith

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT (Address) Charles T. Reifsnider 211 Longwood Rd

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Md Date Dec 3rd 1937

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED Dec 3 1937 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1937, to 12-1 1937

I last saw her alive on 12-1 1937. Death is said to have occurred on the date stated above, at 10 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Right	12-1-37

Other contributory causes of importance:

Hypertensive Heart Disease

Paget's Disease of Bone

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H. Norwood M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

41393 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41393

CERTIFICATE OF DEATH 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Charing Cross Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Medora M. Smith If U. S. Veteran specify WAR No Record

(a) Residence: No. 510 Charing Cross Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert H. Smith

6. DATE OF BIRTH (month, day, year) Feb 16th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

FATHER

13. NAME John M. Mitchell

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

MOTHER

15. MAIDEN NAME Addie White

16. BIRTHPLACE (city or town) (State or country) Port Deposit Md

17. INFORMANT Edgar P. Smith
(Address) 510 Charing Cross Rd

18. BURIAL, CREMATION, REMOVAL Hopewell Cem Port Deposit Md Date Dec 3rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1924 to November 1937

I last saw her alive on November 30 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/30/37
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wetherbee Fort M. D.

(Address) 202 Preston St

83

DEC 3 - 1937 Registrar of Vital Statistics

41400 41400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Kentucky Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Weber If U. S. Veteran specify WAR No Record

(a) Residence: No. 2112 Kentucky Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Edward Weber

6. DATE OF BIRTH (month, day, year) June 6th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Philip Ohlgart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Sauter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Weber
(Address) 2112 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 4th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Registrar
DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1937, to Dec. 1, 1937

I last saw her alive on Dec. 1, 1937. Death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Coronary Occlusion	11/29/37

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 3403 Garrison Blvd

OCCUPATION is very important. See instructions on the back of certificate.

11401 E 11401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 577 Oxford St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie O. Brown

(a) Residence: No. 577 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Brown

6. DATE OF BIRTH (month, day, year) 6-9-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month, day, year) June 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Owens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME alice ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Brown (H.)
(Address) 577 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 7 1937

19. UNDERTAKER Charles S. Cates
(Address) 2141 Calhoun St.

20. FILED Dec 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Dec 1 1937

I last saw her alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark C. Brasel M.D.

(Address) 627 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

11402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 11402

X V 95-13

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Brown

(a) Residence: No. ..... St., ... Ward. Tylerton, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) April 8, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 6-16-35

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Phila., Pa.

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Derry, Ireland.

MOTHER

15. MAIDEN NAME Esther Wasson

16. BIRTHPLACE (city or town) (State or country) Derry, Ireland.

17. INFORMANT (Address) Records- U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Date Dec. 3 37
Place St. Marys, Hamden

19. UNDERTAKER (Address) E. Leroy Stiffler, Inc. 1252 E. North Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to December 1, 1937.

I last saw him alive on December 1, 1937. Death is said to have occurred on the date stated above, at 12:02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy left ventricle,	
hypertensive heart disease	March 1936
Arteriosclerosis, general and	
cerebral	unknown

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. M. V. a Dura, M. D.

(Address) U.S. Marine Hospital, Baltimore, Md.

DEC 3 - 1937

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK.

F 44403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lizzie Pisford

If U. S. Veteran specify WAR .....

(a) Residence: No. 944 Calvin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 15 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 10 yrs

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME ? Pisford

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Elizabeth Bowie

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Henry Pisford

(Address) 1004 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem. Date 12-3-, 1937

19. UNDERTAKER Bloom & Francis W. Wright

(Address) 1218 Mc Elderry St

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Nov. 30, 1937

I last saw her alive on Nov. 30, 1937. Death is said to have occurred on the date stated above, at 1 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus	5 mos ago
Acute purulent otitis media	2 wks
Mastoiditis	1 wk
Septicemia	1 wk

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thomas A. Kane M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

C3-1937

11404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11404

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 E 22nd St., [illegible] Ward) 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Conley

If U. S. Veteran specify WAR .....

(a) Residence: No. 224 E. 22nd St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 9-10-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Army Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry P Conley

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

MOTHER

15. MAIDEN NAME Sarah Winterbottom

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT Miss Emma Kelly
(Address) 224 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place National Mem Date Dec 4 1937

19. UNDERTAKER Mary M Wiedefeld
(Address) 901 E 22nd St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Dec 2 1937

I last saw him alive on Dec 2 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Chronic interstitial Nephritis	1930
Uraemia	4 days
Other contributory causes of importance: Prostatic Hypertrophy	1930

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hellen F Williman M. D.

(Address) 6 East Biddle St

OCCUPATION is very important. See instructions on back of certificate.

C-1937

M. D. B. 1368-9

41405 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41405

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

Registered No. 79136

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Virgie F. Burkert

(a) Residence: No. 249 N. Rose Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of John Frederick Burkert

6. DATE OF BIRTH (month, day, year) Dec 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 249 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 12/4/37 19

19. UNDERTAKER

(Address) 401 Edmondson Ave.

20. FILED DEC 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/37 19

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937, to December 1, 1937

I last saw her alive on December 1, 1937. Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C V D Decomp	3
Myocardial Degeneration	2
Chronic Glomerulonephritis	7

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Laurence J Shymanek M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

DEC 3 1937

F 41406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 N. Calhoun St., 19-1 Ward) 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Olivia Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 328 N. Calhoun St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Samuel E. Robinson

6. DATE OF BIRTH (month, day, year) 4-10-85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Kent Co Va

FATHER

13. NAME Fleming Turner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jane Allen

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Earl Turner

(Address) 328 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date Dec 3 1937

19. UNDERTAKER James A. Taylor

(Address) 142 N. Fulton Ave

20. FILED ... 19... ... Registrar.

DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1937 to 11-30, 1937

I last saw her alive on 11-29, 1930 Death is said to have occurred on the date stated above, at 2:30 p.m. JP

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 37

Other contributory causes of importance:

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Sputum Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) H. L. Thorne M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

F 11407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a F 11407

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 M'Donogh St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Lee

(a) Residence: No. 915 M'Donogh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) John Lee

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford County Va

FATHER

13. NAME Lewis Thornton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Caroline Thornton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Ellen Webster

(Address) 915 M'Donogh St

18. BURIAL, CREMATION, OR REMOVAL

Place Fredburg Va Date Dec 3 1937

19. UNDERTAKER John W Henderson

(Address) 130 Augusta St

DEC 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1937 to Dec 2, 1937

I last saw h[illegible] alive on Dec 2, 1937 Death is said to have occurred on the date stated above, at 10[55] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	Nov 29 37
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 130 Augusta St.

OCCUPATION is very important. See instructions on back of certificate.

11108 F 11108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St., Ward) 3

Registered No. 28-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emily Stevens

(a) Residence: No. 6345 S. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Frank H Steven

6. DATE OF BIRTH (month, day, year) Aug 5 64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Elizabeth Burke

(Address) 634 S Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 12/4 1937

19. UNDERTAKER John J Corcoran & Son

(Address) 901 Hollins St

20. FILED Dec 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull.	Dec 1-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Dec 1, 1937

Where did injury occur? 6345 Payson St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Falling down steps in dark.

Nature of injury Fracture Skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M J Hanna Coroner M. D.

(Address) 1822 W Baltimore St

State CAUSE OF DEATH in plain terms. Do not state mode of dying. OCCUPATION is very important. See instructions on back of certificate.

Dec 1 1937

M. D. B. 1268-9

41109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 41109

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes' Hospital Registered No. 79152

CITY OF BALTIMORE: (No. Caton & Wilkens ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lillie Braun

(a) Residence: No. 1248 Washington Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~3.~~ Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Braun

6. DATE OF BIRTH (month, day, year) March 11, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm M. Franklin

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary L. Burton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Frank Braun
(Address) 1248 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/6/ 1937

19. UNDERTAKER John F Conant Son
(Address) 1901 Gilmor St.

20. FILED DEC 3 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27 1937 to December 2 1937

I last saw h[illegible] alive on December 2 1937 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	11 30 37
Uremia	
Bilat Bronchopneumonia	11 27 37

Other contributory causes of importance:
Diabetes Mellitus
Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Lawrence J Shuniank M. D.
(Address) St Agnes Hospital

S 3 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11110

11110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence if city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Davis Bryant (28185)

If U. S. Veteran specify WAR

(a) Residence: No. 2516 Salem St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howell

6. DATE OF BIRTH (month, day, year) April 12, 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	39	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME manda

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 4 1937

19. UNDERTAKER Thomas E. Kelson.
(Address) 1303 Presstman st

20. FILED 19 (Registrar)

DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1937 to November 30, 1937

I last saw him alive on November 30, 1937 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov. 1937.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 41411 HEALTH DEPARTMENT--CITY OF BALTIMORE F 41411

CERTIFICATE OF DEATH 28649 (MB) 17-95-B

1. PLACE OF DEATH

Registered No. 17-234

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Chapman If U. S. Veteran specify WAR

(a) Residence: No. 1303 Pennsylvania Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 8/7/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME William Adams

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Mary Dracco

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 4 '37

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman st

20. FILED ..... 19 ..... Registrar.

DEC 6 1937 Lexington Market, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1937, to December 1, 1937

I last saw her alive on December 1, 1937. Death is said to have occurred on the date stated above, at 5:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41412

CERTIFICATE OF DEATH

94-BF 41412

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 E. North Ave St., 9-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton A. Kome

(a) Residence: No. 1008 E. North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Eaton

6. DATE OF BIRTH (month, day, year) Aug 27, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Harry Kome

14. BIRTHPLACE (city or town) (State or country) Balto County Md

MOTHER

15. MAIDEN NAME Sarah Albright

16. BIRTHPLACE (city or town) (State or country) Shenandoah Pa

17. INFORMANT Mrs. Margaret Kome
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ashland Cem. Date 12/3/37, 19

19. UNDERTAKER Geo. A. Kemp
(Address) 1600 Holliday St.

20. FILED DEC 3 - 1937 Clinton Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 11413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11413

CERTIFICATE OF DEATH

93-C

21-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1124 W Cross St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel A Perry

If U. S. Veteran specify WAR

(a) Residence: No. 1124 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William A. Perry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Evans Cusk

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. A. Hartlove

(Address) Baltimore Ave. Hyattsville

18. BURIAL, CREMATION, OR REMOVAL

Place Fowden Park Cem. Date Dec. 4, 1937

19. UNDERTAKER Fred. A. Keane & Son

(Address) 216 E. Chase St.

20. FILED ... 19... Registrar.

DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937 to Dec 2, 1937

I last saw h. w. alive on Dec 2, 1937. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	
Other contributory causes of importance: Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Observed for autopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Pope M. D.

(Address) 576 Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

F 41111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41111

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5729 Gorsuch ave. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Clopton Ball

If U. S. Veteran specify WAR

(a) Residence: No. 5729 Gorsuch ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced. HUSBAND of (or WIFE of) Katherine B. Ball

6. DATE OF BIRTH (month, day, year) Mar. 3 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2015

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph W. Ball

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ellen Sanford

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Katherine B. Ball
(Address) 5729 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Pk. Date 12/4/ 1937

19. UNDERTAKER John J. Nolan
(Address) 3001 Baltimore

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Dec 1, 1937

I last saw him alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June 1937

Other contributory causes of importance:

Multiple Abscessed Teeth

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Wheaton M. D.

(Address) 4309 York Rd

OCCUPATION is very important. See instructions on back of certificate.

VS 3

11415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11415

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819½ Pennsa. ave. Ward) 34-3

Length of residence in city or town where death occurred 17 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Josephine Ludbrooki

If U. S. Veteran specify WAR

(a) Residence: No. 1819½ Penna. ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 29 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Ludbrooki

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Annie Grigoni

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Josephine Ludbrooki
(Address) 1819½ Penna. ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/6/37, 19

19. UNDERTAKER Geo. A. Pfeltz Sr.
(Address) 2235 Eastern Ave

20. FILED DEC 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1937 to Dec 2. 1937

I last saw h... alive on Dec 1 1937. Death is said to have occurred on the date stated above, at 12.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-25-37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

MAKE CAUSE OF DEATH in plain terms, so that it may be understood. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

VS 2

337840 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 9-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Light

If U. S. Veteran specify WAR

(a) Residence: No. 1903 Boone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine

6. DATE OF BIRTH (month, day, year) 1-29-67

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	10	½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator maintenance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. King Bldg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME August Light

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Dec 7th 1937

19. UNDERTAKER George J. Roth Inc
(Address) 1730 Harford Ave

20. FILED DEC 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937 to Dec 1, 1937

I last saw him alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia.	
Arteriosclerosis generalized	
Degeneration -	
Neurogenic Bladder	

Other contributory causes of importance:

Benign Prostatic Hypertrophy

Chronic Urethral Obstruction.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frederick C. Kreckmann M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

41117 HEALTH DEPARTMENT—CITY OF BALTIMORE

41117

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp St. 27-3 Ward)

Length of residence in city or town where death occurred 1 yr. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Myrtle B Jones

(a) Residence: No. 2503 Albion Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter M. Jones

6. DATE OF BIRTH (month, day, year) 7/6/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James A. Pottle

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Hargett

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter M. Jones

(Address) 2503 Albion Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Patterson Date 12/4/37 19

19. UNDERTAKER George J. Ruth Son

(Address) 1201 Hollins Ave

20. FILED ... 19 ... Registrar

DEC 3 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1937 to Dec 1 1937

I last saw her alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 8 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardis. Vascular Disease	?
Arteriosclerosis	!
Other contributory causes of importance:	
Anasarca	7

Was an operation performed? Yes Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gilbert E. Henderson M. D.

(Address) St Joseph Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

41418 F 41418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin John Reckline

(a) Residence: No. 1810 N. Bethel Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth (Flora)

6. DATE OF BIRTH (month, day, year) October 24, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Reckline

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Schnon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Elizabeth Reckline (Wife)

(Address) 1810 N. Bethel Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Dec. 4th, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED DEC 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1st, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamilton Crouch M. D. Coroner

(Address) 716 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

E 11419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. Linwood St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Parker

If U. S. Veteran specify WAR

(a) Residence: No. 1 N. Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Cecelia Bennett

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT James Parker
(Address) 1 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 4 1937

19. UNDERTAKER Frank T. Pikitone
(Address) 218 E. Balto St

20. FILED DEC 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937, to December 2, 1937

I last saw him alive on Dec 2, 1937. Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonsilar abscess	11-20-37
Acute cardiac decompensation	12-1-37.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) John J. Gould. M. D.
(Address) 14 N. East ave.

OCCUPATION is very important. See instructions on back of certificate.

41420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41420

CERTIFICATE OF DEATH

V108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Schroeder St., 11th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles White.

If U. S. Veteran specify WAR .....

(a) Residence: No. 123 N. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena White.

6. DATE OF BIRTH (month, day, year) Sept 16th 1867.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caymord Lober

10. Date deceased last worked at this occupation (month, day, year) 11/23/37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Charles White

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Nelson

16. BIRTHPLACE (city or town) (State or country) Pemerpank Co Va

17. INFORMANT Lena White (Wife)
(Address) 123 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 4, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder St

20. FILED ..... Williams ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th , 37 to Nov. 30th , 1937.

I last saw h[illegible] alive on 11/29th , 1937. Death is said to have occurred on the date stated above, at 7:[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/23/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 622 S. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

11421 F 11421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hopkins - Hospital 210-M

CITY OF BALTIMORE: (No. 5 - 2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Hall Foley

(a) Residence: No. 217 Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Sgle

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	- 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bds

10. Date deceased last worked at this occupation (month and year) 00 70

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Hall -

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Boston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Foley -

(Address) 217 Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 5 1937

19. UNDERTAKER Joseph E. Locke Jr

(Address) 3 & 5 Vernon St

20. FILED Dec 4 1937 Harry W. Williams Registrar

DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH 61-11

21. DATE OF DEATH (month, day, year) 12/1-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Multiple fracture of Extremities

Shock

Other contributory causes of importance:

Terminal Pneumonia

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

(Accident, suicide, or homicide?) Date of Injury 11-30 19

Where did injury occur? On Oakenshaw Rd near East Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto driven

Nature of injury on Roadway street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert W. Conley M.D. Coroner

(Address) 607 N. Charles.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11122 — 178-9 — F 11122

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4322 Pimlico St., 15-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Rosa O. Anderson

(a) Residence: No. 4322 Pimlico St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Passau, Germany

FATHER

13. NAME Franz Fenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT F.C. Andersen
(Address) 2441 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Cem Date 12/4 1937

19. UNDERTAKER Loring Byrne
(Address) 3312 W. Baltimore Ave

FILED DEC 3 - 1937 19... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation from Open Gas Burner On Stove	Dec 1 37

Other contributory causes of importance: Accidental

Was an operation performed? ... Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lahd N Evans Coroner, M. D.
Coroner

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11423

CERTIFICATE OF DEATH

95-B rhw

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Lindley

(a) Residence: No. 1222 W. Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 3/10/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Allendale S.C.

FATHER

13. NAME Charles Baxley

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Annie Owens

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospitals records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL DEC 3 - 1937 Date ... 19...
Commissioner of Health

19. UNDERTAKER ...
(Address) For H. A. Moore

20. FILED Dec 3 - 1937 Herminie Williams N.T.
Registrar

C-3-1937

3864 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 4 1937 to November 27 1937

I last saw her alive on November 27 1937. Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-23-37
Other contributory causes of importance:	
Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. A. De Saulles M. D.

(Address) Baltimore City Hospitals

THE CAUSE OF DEATH must be stated in plain English. See instructions on back of certificate.
OCCUPATION is very important.

41121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41121

CERTIFICATE OF DEATH

V82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Fossett

If U. S. Veteran specify WAR

(a) Residence: No. 585 Oxford St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6. DATE OF BIRTH (month, day, year) 10 ?:1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William (d)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL DEC 3 - 1937

Place Date

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED ..... 19..... Registrar.

DEC 3 1937 Thomas Wilson Milliken, M.D.

3063 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1937, to November 28, 1937

I last saw h[illegible] alive on November 28, 1937. Death is said to have occurred on the date stated above, at 5:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-25-37
Other contributory causes of importance:	
Cerebral hemorrhage	11-21-37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. DeLaubebe M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 41425

HEALTH DEPARTMENT—CITY OF BALTIMORE

41425

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Premature Pfaff

(a) Residence: No. 2324 Edmondson Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-1-37

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John William Pfaff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret E. Charles

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret Pfaff

(Address) 2324 Edmondson ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross cem. Date Dec 6, 1937

19. UNDERTAKER Ely Karle Inc

(Address) 1156 West St

(Signed) ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to Dec. 1, 1937

I last saw her alive on Dec. 1, 1937. Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter [illegible] M. D.

(Address) St Agnes Hosp

Information should be entered in ink or typewritten, and the entries should be complete. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 3 V 53

F 11426

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11426

CERTIFICATE OF DEATH

√62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Cakine

If U. S. Veteran specify WAR

(a) Residence: No. 1403 Madison Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1941

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry Green
(Address) 1001 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Dec 3 1937

19. UNDERTAKER Adolph Gruhtaf
(Address) 918 Eutaw Pl Balto

20. FILED Dec 3 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 11/30 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1937 to 11/30 1937

I last saw h.. alive on 11/30 19.. Death is said to have occurred on the date stated above, at 11 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Delirium	
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J Warren Albullagi M. D.

(Address) University Hospital

THIS CERTIFICATE OF DEATH must be filled in with the utmost care. Every item of information called for, including the OCCUPATION is very important. See instructions on back of certificate.

F 11127

HEALTH DEPARTMENT—CITY OF BALTIMORE

11127

CERTIFICATE OF DEATH

45-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Tolus Keets

(a) Residence: No. Mutual P.O., Calvert Co., Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (~~late~~) Annie Keets

6. DATE OF BIRTH (month, day, year) Aug. 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

FATHER

13. NAME Michael Lufflenny

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Mary Keets

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mutual Md Dec 6 1937

19. UNDERTAKER Wilson L Mason Jr
(Address) Mrs Frederick Md

20. FILED ..... Registrar.

3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-11-37, 19..., to 12-2-37, 19...

I last saw h~~im~~ alive on 12-2-37, 19... Death is said to have occurred on the date stated above, at 11:5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Ca, rt. tonsil	1936

Other contributory causes of importance:

Metastases
Inanition

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Guy. H. Isaacs M. D.

(Address) Mercy Hosp.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 41128

41128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rehberger

If U. S. Veteran specify WAR .....

(a) Residence: No. Sweet Air, Md. St., ... Ward. Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Rehbergerger

6. DATE OF BIRTH (month, day, year) Apr. 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert Haynes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Tinsenour

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chestnut Grove Cem. Date Dec. 5 1937

19. UNDERTAKER C. Carlton C. E. Arthur Fork Md.

(Address)

20. FILED ..... 19..... Registrar.

DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 19 37

22. I HEREBY CERTIFY, That I attended deceased from 11/22 19 37 to 12/3 19 37

I last saw h.. alive on 12/3 19 37. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

a .....

b .....

c .....

d .....

Other contributory causes of importance: Intestinal Obstruction 1 Mo.

Was an operation performed? Yes Date of 11/23/37

For what disease or injury? Carcinoma of Sigmoid.

Name of operation Post Gastro-Enterostomy & Colectomy

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 4142)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 4142)

210-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. S. Balto. Genl Hosp. St., Ward)

Length of residence in city or town where death occurred yrs. mos 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Nischinger Hellen

(a) Residence: No. 4713 Greenhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Margaret E. Hellen

6. DATE OF BIRTH (month, day, year) May 22, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER FATHER

13. NAME Julius J. Nischinger

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mattie Cauby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs. Margaret E. Hellen 4713 Greenhill Ave.

18. BURIAL, CREMATION, REMOVAL Date Dec 4 1937
Place Woods Presby Cem

19. UNDERTAKER (Address) Wm. F. Kieffer Sons North & Pa Aves.

20. FILED 19 Registrar

DEC 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	12/2
Other contributory causes of importance: Shock	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12/2 1937
Where did injury occur? Fuson Md near Ampth Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Auto Highway
Manner of injury auto ran into guard rail & turned over
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert W. Copley Jr. M. D. Coroner
(Address) 902 N. Chas.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lillie Maud Lamkin Carter

HEALTH DEPARTMENT—CITY OF BALTIMORE

(11430) (11430)

CERTIFICATE OF DEATH

✓ 45-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St. 16-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lillie Carter (Lillie Maud Lamkin Carter) (If U. S. Veteran give WAR)

(a) Residence: No. 1018 N. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas F Carter

14. BIRTHPLACE (city or town) (State or country) Long Green Md

15. MAIDEN NAME Georgeanna Smith

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

17. INFORMANT Miss Rose F Carter

(Address) 1018 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 1937

19. UNDERTAKER J. Pearce Gorsuch & Sons

(Address) North Avenue

20. FILED Harrington Williams, M.D.

DEC 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Dec 3, 1937

I last saw h[illegible] alive on 12/3 1937. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occl Cerebral Hemorrhage	
Chronic Nephritis Marked Uremia	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 29, 1937

For what disease or injury? Cerebral Hemorrhage

Name of operation Exploration

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Everett J. Brigg, M. D.

(Address) Univ. Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether accidental, suicidal or homicidal. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

W 11431

HEALTH DEPARTMENT—CITY OF BALTIMORE

11431

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH 6013 Sycamore Road

CITY OF BALTIMORE: (No. Baltimore St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Alice Child White

(a) Residence: No. 6013 Sycamore Road St. Ward.

(Usual place of abode) Edmondson (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Robert Baker White

6. DATE OF BIRTH (month, day, year) Feb 24 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Child

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Jane Henderson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs Roberta Sydney Brand 6013 Sycamore Road

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Dec 4 1937

19. UNDERTAKER Henry W. Means & Son (Address) 205 N. Calvert St

20. FILED Dec 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1937

22. I HEREBY CERTIFY, That I attended deceased from September 11 1937 to December 2 1937

I last saw her alive on Dec 1 1937 Death is said to have occurred on the date stated above, at 1.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Robert M. D.

(Address) 6010 York Road

Information should be carefully supplied. Any statement not known should be so stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

C-1937

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11132 — 11132 — 3/131 — Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 W. Barney St. 23-3 Ward)

Length of residence in city or town where death occurred 47 yrs. 7 mos. 17 dy. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dy.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles E. Kuhn

(a) Residence: No. 6 W. Barney St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl M. Kuhn

6. DATE OF BIRTH (month, day, year) April 16, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George A. Kuhn

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Gertrude Euler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Pearl M. Kuhn
(Address) 6 W. Barney St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Dec 6 1937

19. UNDERTAKER C. Howard Evans
(Address) 1231 E. Chase St.

20. FILED Dec 6 1937 Harrison Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1937 to Dec 3 1937

I last saw him alive on Dec 3 1937. Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	11/11/37
Other contributory causes of importance: Acute Dilatation of Heart	12/1/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

12/3/37 (Signed) R. C. Campbell M. D.

(Address) 1644 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

C 3 - 1937

F 41433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41433

CERTIFICATE OF DEATH

✓ 164-a

a c

1. PLACE OF DEATH Home

Registered No. 1877

CITY OF BALTIMORE: (No. 1925 Bank St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Kolodzieiski

If U. S. Veteran specify WAR

(a) Residence: No. 1925 Bank St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Flora Kolodzieiski

6. DATE OF BIRTH (month, day, year) Aug. 8-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rougher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Dombrowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Flora Kolodzieiski

(Address) 1925 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 4 1937

19. UNDERTAKER Fred W. Ozgewski

(Address) 1930 Eastern Ave.

20. FILED 1937 Hunting for Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (saw the evidence (Inquest, Autopsy or Inquiry)

detailed by said Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, by Monoxid Gas. (Suicide)	Dec. 2 1937
Other contributory causes of importance: Acute Alcoholic Paralysis treated at Spring Grove Hospital	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec. 2 1937

Where did injury occur? 1925 Bank St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Found in gas jet on range

Nature of injury Asphyxia, Suicide

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Bond St

INFORMATION should be entered on all applicable items, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

11434

HEALTH DEPARTMENT—CITY OF BALTIMORE

11434

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Woodlea Ave St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Tredway

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4220 Woodlea Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lydia C. Tredway

6. DATE OF BIRTH (month, day, year) Oct 12 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER

13. NAME Thomas M. Tredway

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Martha R. Tipton

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Lydia C. Tredway

(Address) 4220 Woodlea Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 6 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 6 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Dec 3 1937

I last saw him alive on Dec 2 1937. Death is said to have occurred on the date stated above, at 7 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	June 1937

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. W. Rowan, M. D.

(Address) 1812 - N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite statements, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Uremia," "Convulsions," "Pneumonia," "Cancer," "Tuberculosis," OCCUPATION is very important. See instructions on back of certificate.

C 4 1937

E 11435

11435

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28687 SF

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

40 yrs ?

If U. S. Veteran, specify WAR. No Record.

2. FULL NAME George Froelich

(a) Residence: No. 533 Rossiter Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Froelich

6. DATE OF BIRTH (month, day, year) 9/25/1860

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed 6-30

9. Industry or business in which work was done, as farm, saw mill, bank, etc. Stationary Engineer

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sebastian Froelich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Kahill

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Dec 6 '37

19. UNDERTAKER Williams Cook

(Address) 317 St Paul St.

20. FILED Huntington Williams Registrar

DEC 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1937 to December 2, 1937

I last saw him alive on December 2, 1937. Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease Unknown	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Sanctis M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27821

Registered No. 16-323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Peschau

If U. S. Veteran specify WAR No Record

(a) Residence: No. 817 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Beryl P. Peschau

6. DATE OF BIRTH (month, day, year) 5-10-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, D.D.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Christopher Edw. Peschau

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Joan Bowman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 12/4 [illegible]

19. UNDERTAKER Williams Corby (Address) 1212 St Paul St

20. FILED DEC 4 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937, to December 1, 1937

I last saw him alive on December 1, 1937. Death is said to have occurred on the date stated above, at 2:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

11137 — 11137

HEALTH DEPARTMENT—CITY OF BALTIMORE

28338 JS

CERTIFICATE OF DEATH

2-3 46-C

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. ..... Balto. City Hospt. ..... St., 2-3 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ..... James Christopher ..... If U. S. Veteran specify WAR — R.R. Records.

(a) Residence: No. ..... 1820 E. Fleet St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carrie

6. DATE OF BIRTH (month, day, year): 2-18-1868

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer — D.W.O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Large

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Aquille B. Christopher

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Turner

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Carmel Date 12/4-37

19. UNDERTAKER: Williams Cook
(Address) 1217 St. Paul St.

20. FILED 12-4-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1937, to December 2, 1937

I last saw him alive on December 2, 1937. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lagtable M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

C 4-1937

5

F 11438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11438

CERTIFICATE OF DEATH

28031--KHW

1. PLACE OF DEATH

Registered No. 95-B

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify W No Record.

2. FULL NAME Ida Hobbs

(a) Residence: No. 1928 Pearlman Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of David Hobbs

6. DATE OF BIRTH (month, day, year) 1/30/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	~~3~~ 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME William Edwards

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Sponsler

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa ~~Maryland~~

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 6 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1937 to December 3, 1937

I last saw her alive on December 3, 1937. Death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. Decantillo M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

✓ F 11439

11439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Chestnut Hill Ave St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Graham

(a) Residence: No. 521 Chestnut Hill Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	X	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert L. Graham

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Patterson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert L. Graham, Jr.
(Address) 3218 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Entombment Greenmount Cemetery Date Dec 4. 1937

19. UNDERTAKER Chas. G. Black
(Address) 782 N. North Ave.

20. FILED ... Registrar

C 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27. 1937. to Dec 2. 1937.
I last saw her alive on Dec 2. 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931
Arm Gut. Nephritis	1933
Arm Myocarditis	1933

Other contributory causes of importance:

Coronary Thrombosis	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. N. Eichhorn M. D.

(Address) 50 S. Linden Ave

Information called for on both sides of this certificate is necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 41140

11140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., (or) Ward

Length of residence in city or town where death occurred 4 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gilbert Frederick

(a) Residence: No. 105 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec. 13-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Frederick

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa Stochowski

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank Frederick

(Address) 105 S. Robinson St.

18. BURIAL, CREMATION OR REMOVAL

Place St Stanislaus Date 12/ 1937

19. UNDERTAKER Jno F. Eda

(Address) 821 Gusdon St

20. FILED 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over face and body	Dec. 3 1937
Asphyxia from smoke	

Other contributory causes of importance:

Fire at home

Was an operation performed? No ✓ Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 3 1937

Where did injury occur? 105 S. Robinson St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps into flame

Nature of injury Burns over face and body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1714 N. Broadway

C 4-1937

USE

Information should be carefully supplied. Any [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41141 ✓ F 41141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Weeden St. Fairfield Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann Rebecca Kess

If U. S. Veteran specify WAR .....

(a) Residence: No. 3306 Weeden St., Ward. Fairfield

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Columbus Kess

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Benjamin Richards

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Henrietta Kelly

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Theodore Kess

(Address) Furnace Branch, md

18. BURIAL, CREMATION, OR REMOVAL

Place Mayotty Date Dec 5 1937

19. UNDERTAKER James A. Stayer

(Address) 142 W. Hill St

20. FILED Dec 7 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 24 1937 to Dec 2 1937

I last saw her alive on Dec 2 1937 Death is said to have occurred on the date stated above, at 9.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	June 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, what?

(Signed) Thos. J. Waldridge M. D.

(Address) 703 N. Eutaw Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 4-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

338825 41142 F 41142

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15-2 Ward) 44-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 1614 Bruce St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec ? 1889 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48 ~~57~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME George ?

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 12/4 37 19

19. UNDERTAKER Thomas C. Kelsey

(Address) 1303 Druid Hill Ave

20. FILED DEC 4 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1937 to Dec 2 1937

I last saw her alive on Dec 2 1937 Death is said to have occurred on the date stated above, at 10.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia	? 11-17-37
	over

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas A. Brem, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11443 F 11443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19141 JS

114-B

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Banks

If U. S. Veteran specify WAR

(a) Residence: No. 1829 Brunt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Dora Victoria

6. DATE OF BIRTH (month, day, year) 7-11-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lottie Mathews

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. R. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/4 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1363 Bressalmandt.

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1936 to 11-30 1937

I last saw him alive on 11-30 1937 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	over 1 year
Pulmonary Embolus	sudden

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/10/37 - 11/16/37

For what disease or injury? Lung Abscess

Name of operation Drainage of lung abscess

What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

11141 F 11141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 400 Somerset Rd St., 77-14 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 63 yrs. 0 mos. 17 ds. How long in U. S. if of foreign birth 63 yrs. 0 mos. 17 ds.
If U. S. Veteran specify WAR NONE.

2. FULL NAME Bessie Tyler Egerton

(a) Residence: No. 400 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Saml. E. Egerton Jr.

6. DATE OF BIRTH (month, day, year): Nov. 16 1874

7. AGE: Years 63 | Months 0 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: George G. Tyler
14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER
15. MAIDEN NAME: Sophia Goodenow
16. BIRTHPLACE (city or town) (State or country): Paris Maine

17. INFORMANT: Wm. S. E. Egerton Jr. (Husband)
(Address) 400 Somerset Road.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Hill Date: Dec. 4 1937

19. UNDERTAKER: Stewart & Myers (Corpse)
(Address) 108 Park Ave.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Dec 3 1937
I last saw her alive on Dec 2 1937 Death is said to have occurred on the date stated above, at 1.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 37.
For what disease or injury?
Name of operation Exploratory
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of decreased?
No If so, specify

(Signed) W. H. Hoody M. D.
(Address) 1402 Park Ave.

Information asked for in this certificate is required by law. Failure to supply it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 41445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41445

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4612 Belair Road St. 27-1 Ward)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Edward Meyers

(a) Residence: No. 4612 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Minnie G. Meyers

6. DATE OF BIRTH (month, day, year) Sept-4-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-P.O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government

10. Date deceased last worked at this occupation (month and year) Nov-31-37

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles H. Meyers

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Matilda G. Welking

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Minnie G. Meyers (wife)
(Address) 4612 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Dec-4-37 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-W-North Avenue

20. FILED DEC 4 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from February, 1928 to Dec 1, 1937

I last saw h... alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance:

none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. S. Hardesty, M. D.

(Address) 4810 Belair Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

14

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41446

CERTIFICATE OF DEATH

50 F 41446

1. PLACE OF DEATH

Registered No. 19-4

CITY OF BALTIMORE: (No. # 1721 Hollins St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary J. Bryan

If U. S. Veteran specify WAR

(a) Residence: No. # 1721 Hollins St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 1877

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
60	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Alfred Bryan

14. BIRTHPLACE (city or town) (State or country) Maryland,

MOTHER

15. MAIDEN NAME Emily M. Higgins

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Maria L. Monaghan
(Address) # 1721 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12 / 6/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED DEC 4 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to December 2, 1937

I last saw her alive on December 2, 1937 Death is said to have occurred on the date stated above, at 12.15 mA. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1927
Other contributory causes of importance:	
Metastases	1937
Pulmonary Pleural effusion	1937

Was an operation performed? Yes Date of 1927

For what disease or injury? Carcinoma

Name of operation Radical amputation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No ...If so, specify

(Signed) Leonidas E. Stacy, M. D.

(Address) 3803 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V62

HEALTH DEPARTMENT—CITY OF BALTIMORE

11147

CERTIFICATE OF DEATH

93 C 11147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Linden Ave. St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs A. J. Pinner NANNIE T.

If U. S. Veteran specify WAR

(a) Residence: No. 1325 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J. Pinner

6. DATE OF BIRTH (month, day, year) Aug. 10. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Claude Ely

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia A. Cowling

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT C. E. Butterworth

(Address) 1325 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Suffolk Va. Dec. 5/37

19. UNDERTAKER Johnson Undertaking Co.

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Dec 3 1937

I last saw her alive on Dec 3 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Terminal Pneumonia (primary)	2-3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Moody M. D.

(Address) 1403 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8-2

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11448

CERTIFICATE OF DEATH

11448

95-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 404 Evesham ave. ST. 27-17 WARD)

2-FULL NAME Anna R. Rhoads

(a) RESIDENCE NO. 404 Evesham ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willard A. Rhoads

6 DATE OF BIRTH (month, day, and year) Aug 26/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer) 1037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER John Lippincott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Rebecca Pierce

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

14 Informant Willard A. Rhoads (Address) 404 Evesham ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2nd 1937

17

I HEREBY CERTIFY, That I attended deceased from April 21st, 1934, to November 18th, 1937

that I last saw her alive on November 18th, 1937

and that death occurred, on the date stated above, at 10:25 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Hypertension, Signs of failure of heart

(Signed) A. S. Chalfant M. D.

Dec 2 1937 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Dec 4 19 37

20 UNDERTAKER Elbert O. Mitchell & Sons ADDRESS 1900 Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 11449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 N. Calvert St. St., 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ALICE G. AMES

(a) Residence: No. 2226 N. CALVERT ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87 86	5 4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME HUDSON N. AMES

14. BIRTHPLACE (city or town) (State or country) MAINE

MOTHER

15. MAIDEN NAME HARRIET DAVIS

16. BIRTHPLACE (city or town) (State or country) MAINE

17. INFORMANT Miss ALICE HEARD
(Address) 2226 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Dec 6 37

19. UNDERTAKER John C. Mitchell Funeral Dir.
(Address) 1900 Eutaw Place

20. FILED Dec 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1937 to December 2nd, 1937

I last saw h[illegible] alive on December 2nd, 1937. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1931
Other contributory causes of importance:	
Acute Pulmonary Edema	Dec 1/37

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) John C. Mitchell, M. D.

(Address) 2112 Maryland Ave.

Information should be carefully supplied. Avoid use of terms such as state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11450

CERTIFICATE OF DEATH

108 F 11450

1. PLACE OF DEATH Church Home Infirmary

CITY OF BALTIMORE: (No. 1225 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Virginia A. Clogg

If U. S. Veteran specify WAR .....

(a) Residence: No. 508 North Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced (or) WIFE of William Henry Clogg

6. DATE OF BIRTH (month, day, year) June 7, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dean home

10. Date deceased last worked at this occupation (month and year) Abd. 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bennet Mason

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sally Trebearn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Poconoke City Date Dec 5, 1937

19. UNDERTAKER Hearne & Dennis

(Address) Snow Hill, Md.

20. FILED DEC 6 1937, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 3 37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11 27 37, 19 ..., to 12 3 37, 19 ...

I last saw her alive on 12 3 37, 19 ... Death is said to have occurred on the date stated above, at 12 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11 27 37
Other contributory causes of importance:	
Arteriosclerosis Nephritis sclerosis	Unk.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hugh C. Hagerty, M. D.

(Address) Church Home Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41451

CERTIFICATE OF DEATH

6-4 94B

F 41451

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E. FAYETTE ST. St. 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR

2. FULL NAME JOSEPH ZWEIGART

(a) Residence: No. 1818 E. FAYETTE ST. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BARBER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT FREDERICK BRUDER

(Address) 1818 E. FAYETTE ST.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date DEC. 6 1937

19. UNDERTAKER Lilly + Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cardiac Failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address) 1919 E. North Ave

VS 6

information should be carefully supplied. Also, should be stated exactly. Where deceased was employed. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11452

CERTIFICATE OF DEATH 34-28690 (MB) F 11452

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina Canty

If U. S. Veteran specify WAR .....

(a) Residence: No. 1035 Dallas St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/13/1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Wallace Canty

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sue Moore

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sumter S.C. Dec 5 37

19. UNDERTAKER Peter the Gonard

(Address) 804 W. Caroline St

20. FILED DEC 4 - 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1937

22.) I HEREBY CERTIFY, That I attended deceased from November 30, 1937 to December 2, 1937

I last saw her alive on December 2, 1937. Death is said to have occurred on the date stated above, at 7 22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Weil's Disease	2 wks. ago.
	acute

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. Dey Sanitation M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E&E

F 11453

11453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S Montford Ave St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Nawrzynisk

If U. S. Veteran specify WAR

(a) Residence: No. 625 S Montford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 4-37

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
			1/2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Laurance Nawrzynisk

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Dombrowska

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Laurance Nawrzynisk

(Address) 625 S Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 4 1937

19. UNDERTAKER Fred W Grazenhorst

(Address) 1930 Eastern Ave

20. FILED ..... 19..... Registrar.

DEC 4 - 1937 Huntingdon Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 37 to Dec 4 37

I last saw h... alive on Dec 4 37 Death is said to have occurred on the date stated above at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobaris & Alcoholism — Date of onset 12-4-37

Other contributory causes of importance —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) J Reed Reynolds M. D.

(Address) 600 N Dallas Ave

F 11451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard M. Ottenheimer

If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Apts, Eutaw Place & Brooks Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hennie H. Ottenheimer

6. DATE OF BIRTH (month, day, year) Feby. 6, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sausage Casing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Ottenheimer,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie Cohen,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Jack Ottenheimer,
(Address) 3508 Forest Park Ave.

18. BURIAL, CREMATION, REMOVAL
Place Balto. Hebrew Cem. Date Dec. 5, 1937

19. UNDERTAKER David Lindheim & Son
(Address) 1902 Eutaw Place.

20. FILED Dec. 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Kolodin M. D.

(Address) 2757 W. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 11455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11455

CERTIFICATE OF DEATH

d 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Fulmore St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Pitts

U. S. Veteran

specify WAR

(a) Residence: No. 416 N Fulmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Pitts

6. DATE OF BIRTH (month, day, year) Dec 6-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex County Va

FATHER

13. NAME — Washington

14. BIRTHPLACE (city or town) (State or country) Essex County Va

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Essex County Va

17. INFORMANT William Pitts

(Address) 416 N Fulmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 4th 1937

19. UNDERTAKER Joseph A Lively

(Address) 4018 N mount st

20. FILED Dec 6 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 30 1937

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Nothing Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerge S. Allen M. D. Coroner

(Address) 501 Courtland st

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

11456

HEALTH DEPARTMENT—CITY OF BALTIMORE

11456

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen. Hosp.

CITY OF BALTIMORE: (No.) St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Goetze

If U. S. Veteran specify WAR

(a) Residence: No. 112 Elliott Driveway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances V. Goetze

6. DATE OF BIRTH (month, day, year) Dec. 19, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John F. Goetze

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Elizabeth Bach

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Frances V. Goetze

(Address) 112 Elliott Driveway

18. BURIAL, CREMATION, OR REMOVAL Emmanuel Cem. Date Dec. 4, 1937

19. UNDERTAKER John F. Stemmy

(Address) 715 Light St.

20. FILED Dec. 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1937 to 12-2, 1937

I last saw him alive on 12-2, 1937 Death is said to have occurred on the date stated above, at 12 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?
Acute Dilatation - Stomach	12-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Urea Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Lewis, M. D.

(Address) W 85 St N

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. 1937

1457 E 11457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 S Arlington Ave St. (Ward) 43 - 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Margaret R. Carr

If U. S. Veteran specify WAR

(a) Residence: No. 16 S Arlington ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stevenson A. Carr

6. DATE OF BIRTH (month, day, year) June 22 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Herman Wrensing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs Debbie Hamilton
(Address) 1931 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 4 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1205 W Lombard St

20. FILED ..... 19 ..... Registrar
C 4 1937 Huntington Pittsburg, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1936 to Dec. 2 1937

I last saw her alive on Dec. 1 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Renal Disease — Date of onset (?)

Other contributory causes of importance:

Cerebral Hemorrhage — 11/25/37

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Typical signs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No specify .....

(Signed) Wm. Dr. Dipple M. D.

(Address) .....

Information should be furnished by relatives, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11158

338267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11158 √23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Sebree (or Name)

If U. S. Veteran specify WAR

(a) Residence: No. 131 S Pennsylvania Ave Ward — Mila Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Sebree

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Sallie Ball

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mila Va Date Dec 6 37

19. UNDERTAKER Adolphus Halstead
(Address) 917 Eutaw St.

20. FILED ..... 19 ..... Registrar.

DEC 7 1937 Registrar for Mila, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 , 1937 to Dec 3 , 1937

I last saw him alive on Dec 3 , 1937 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis
Emphysematous emphysema - left

Date of onset ?

Other contributory causes of importance:
Chronic interstitial pneumonia
generalized arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Thomas A. Brem , M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11459

11459

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .

2. FULL NAME Ethel Collins

(a) Residence: No. 1004 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gladys Brown
(Address) 1209 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/4 1937

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N Schroeder St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1937 to Dec 2 1937

I last saw h[illegible] alive on Dec 2 1937 Death is said to have occurred on the date stated above, at 11 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry J. Limpel M. D.

(Address) Lyndenhurst Hosp

information should be carefully supplied. AGE should be stated EXACTLY. Fractions of a year should be stated in terms of days or hours. Name of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

M. D. B. 1268-9

F 41160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 93

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Garland Gartrell

(a) Residence: No. Usual place of abode) Spring Grove State Hospital St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ethel Frances Gartrell

6. DATE OF BIRTH (month, day, year) 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pantry Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sanford Gartrell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mollie Cicketts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ethel M. Gartrell.

(Address) Second Ave. Delmy. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Morgan Chapel Cem. Date Dec. 6. 1937

19. UNDERTAKER L. M. Waltz

(Address) Hartford & Md

20. FILED Dec 6 1937 Wilmington, Del.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7. 1937. to December 4. 1937

I last saw him alive on December 4. 1937. Death is said to have occurred on the date stated above, at 9:56 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Thrombocytopenic Purpura & Renal T.B.	about 10-1-37
Strikes.	

Other contributory causes of importance:

Name of operation Splenectomy Date of 12-2-37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Wurm Jr. M. D.

(Address) St. Agnes Hospital

F

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 3 1937

F 41461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41461

CERTIFICATE OF DEATH

173

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Roland N. Blackstone

(a) Residence: No. Elkridge Howard Co. Md. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Blackstone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence Adamd

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Samuel Blackstone
(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stephens Elkridge Date Dec 5 1937

19. UNDERTAKER Geo. Engenbathers Jr.
(Address) Elkridge Md

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Abdomen	

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury?

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 3 1937, 19 ___

Where did injury occur? Town Elkridge Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Meadow Ridge Rd

Manner of injury Shot with Shot Gun

Nature of injury Side of Abdomen

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) _____ M. D.
Coroner

(Address) 2767 W. Mon...

V 56

EC [illegible]

U. S. Public Health Service. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11462 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11462 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Penna. Ave St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Sarah Geva Jacobs If U. S. Veteran specify WAR

(a) Residence: No. 2200 Penna Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 86 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Zondek

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rubin

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Philip Jacobs - Son
(Address) 2200 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 12/5/37

19. UNDERTAKER: Jacob E. Cyr Son
(Address) 1434 E. Baltimore St

20. FILED DEC 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1936 to Dec. 4 1937

I last saw her alive on Dec. 4 1937 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, 2y — Date of onset

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Bayless M. D.

(Address) 2049 Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41463

CERTIFICATE OF DEATH ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Adolph Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 1801 Maryland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ethel Cohen

(Address) 1801 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 12-5-37

19. UNDERTAKER Jack Levy Inc.

(Address) 1739 E. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5 , 1937 to 12-4 , 1937

I last saw h[illegible] alive on 12-4 , 1937. Death is said to have occurred on the date stated above, at 5:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 d.
Rt heart failure	3 d.

Other contributory causes of importance:

Chronic emphysema	10 yr
Asthma	10 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Daubey M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 5 - 1937

F 41464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Blumberg

(a) Residence: No. 3504 Cottage Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Blumberg

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 56; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Vakrow

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Vakrow

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Weiss
(Address) 3504 Cottage ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Herring Run Date: 12/6/37 19

19. UNDERTAKER: Dyer & Levin Sons
(Address) 1439 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-37 19

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937 to December 4, 1937

I last saw h.. alive on Dec 4, 1937 Death is said to have occurred on the date stated above, at 920 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension
Chronic Nephrosclerosis

Date of onset 12/4/37

Other contributory causes of importance:

Pulmonary Oedema
Uremia

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Morton M Spielman, M. D.
(Address) Sinai Hospital Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 41465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41465

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 H Herrings Court St., 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriet Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 215 H Herrings court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Garrison Green

6. DATE OF BIRTH (month, day, year) Nov. 30th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

FATHER

13. NAME V.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elisa Stevens

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Green
(Address) 215 H Herrings court

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet A. A. Co. Md Date 12-5-, 1937

19. UNDERTAKER Blanton Mangum & Wright
(Address) 1218 Mc Elderry St

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18th 1937 to Dec 3rd 1937

I last saw h[illegible] alive on Dec 3rd 1937. Death is said to have occurred on the date stated above, at 9 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestion of Lungs	12-1
Other contributory causes of importance:	
Pneumonia (Org.)	11-18

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Le Ulmer M. D.

(Address) 30 S. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC - 1937

VS 3

F 41466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 N Washington St., 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 85 yrs. 6 mos. 3 da.

2. FULL NAME Elizabeth Alexenia Sachs

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2024 N Washington St., 8 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: John Sachs

6. DATE OF BIRTH (month, day, year): May-30-1852

7. AGE: Years 85 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland.

FATHER

13. NAME: Emanuel Harry

14. BIRTHPLACE (city or town) (State or country): unknown U. S. A.

MOTHER

15. MAIDEN NAME: Nancy Angell

16. BIRTHPLACE (city or town) (State or country): unknown U. S. A.

17. INFORMANT (Address): Mrs G. J. Fitzmeller (daughter) 2024 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL. Place: Two Taverns - Pa. Date: Dec-6-37

19. UNDERTAKER (Address): Stewart Mosser Co. 108 W Northave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 3, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937 to Dec 3, 1937

I last saw her alive on Dec 3, 1937 Death is said to have occurred on the date stated above, at 10.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	June 1937
Other contributory causes of importance.	
Metastases - liver.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. N. Meyer M. D.

(Address) 1570 E. 32nd

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 6 1937

F 41467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41467

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S. Charles St. 27 Ward)

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Magel

(a) Residence: No. 726 S. Charles St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin Magel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Beler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 12-5-37. 19

19. UNDERTAKER Jacob Lenzo & Son

(Address) 1239 E. Pratt St.

20. FILED 12-4-37. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Kleeberger Coroner, M. D.

(Address) 2317 E. Baltimore

U. S. E.—WRITE PLAINLY, WITH PENCIL OR PEN. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

11468 ✓ F 11468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Maine Ave St. 5-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Etta Bachrach

If U. S. Veteran specify WAR

(a) Residence: No. 4002 Maine Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sam'l Bachrach

6. DATE OF BIRTH (month, day, year) June 4/18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Isaac Straus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Rothschild

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sidney Bachrach

(Address) 4002 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 5/ 1937

19. UNDERTAKER J. Wm. [illegible]

(Address) 5432 Reisterstown Rd

20. FILED [illegible] 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to Dec 4 1937

that I saw h[illegible] alive on Dec 4 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset Oct 1935

Other contributory causes of importance

Hypertension — 1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Smith M. D.

(Address) 4509 Liberty Hgts Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

DEC 5 - 1937

F 41469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41469

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Pine Heights Ave. St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME SHERMAN N. TALBOTT

If U. S. Veteran specify WAR .....

(a) Residence: No. 1042 PINEHEIGHTS AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of E. RAMONA TALBOTT

6. DATE OF BIRTH (month, day, year) 3/31/1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	8	4-3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GROCERY BUSINESS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 11/37

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD.

FATHER

13. NAME FRANK TALBOTT

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME NORA GORE

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT E. RAMONA TALBOTT
(Address) 1042 PINEHEIGHTS AVE.

18. BURIAL, CREMATION, OR REMOVAL.
Place LOUDON PARK Date 12/6/37

19. UNDERTAKER Raymond Kaufman
(Address) 949 Reads Av

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 37 to Dec 4, 1937

I last saw him alive on Dec 4 19 37 Death is said to have occurred on the date stated above, at 1-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 wk.

Other contributory causes of importance

Bronchopneumonia	4 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation no

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo M Kinsley M. D.

(Address) 1710 Mass Ave

information should be carefully supplied. AGE should be stated EXACTLY. If under one year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 5 - 1937

F 41470

HEALTH DEPARTMENT—CITY OF BALTIMORE 41470

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Guilford Ave. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Revial

If U. S. Veteran specify WAR

(a) Residence: No. 2733 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna. O Revial

6. DATE OF BIRTH (month, day, year) Dec 29th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk of Peoples Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Revial

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Anna. O Revial
(Address) 2733 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Cem Date 12-6 1937

19. UNDERTAKER Bernard C Harle
(Address) 121 E West St

20. FILED DEC 3 - 1937 Registrar.

DR HOFFMAN 8 E REED St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from January 16 1937 to December 3 1937

I last saw h[illegible] alive on December 3 1937 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chronic Interstitial	Indefinite
Other contributory causes of importance: Uremia	11/30/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 826 E Read St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41471 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41471

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Light St. St. 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Blanche Edwards

(a) Residence: No. 1436 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marcellus D. Edwards

6. DATE OF BIRTH (month, day, year) May 4 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At -home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Lowrey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Bertha Wentworth 1639 Normal Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 7, 1937

19. UNDERTAKER (Address) John A. Henry 715 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1937 to Dec. 3, 1937

I last saw h... alive on Dec. 3, 1937. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio sclerosis	?
Cardio vascular renal disease	Oct. 31, '37
Cerebral hemorrhage	Nov. 27, '37
Other contributory causes of importance: Broncho-pneumonia	Nov. 30, '37.

Was an operation performed? no Date of ...

For what disease or injury? - - -

Name of operation - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry Leibel, M. D.

(Address) 1224-1226 Hanover St.

information should be carefully supplied. AGE should be stated in YEARS. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41472

CERTIFICATE OF DEATH

27-18 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4908 Denmore Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William R. Kelty

(a) Residence: No. 4908 Denmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Kelty

6. DATE OF BIRTH (month, day, year) Sept 24 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William R. Kelty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes Perkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Emma Kelty (Wife)
(Address) 4908 Denmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 6 1937

19. UNDERTAKER John A. Denny
(Address) 715 Light St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov - 4 1937 to Dec - 3 1937

I last saw ... alive on Dec - 2 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Prostate	
Secondary Carcinoma of Spine	Jan. 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 220 E. Redwood

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V9 2

F 41473

F 41473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a 41473

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Wayne ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Milton Young

(a) Residence, No. 3009 Wayne ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola N. Young

6. DATE OF BIRTH (month, day, year) Aug 22 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	01	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME John H. Young

14. BIRTHPLACE (city or town) (State of country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma E. Corbett

16. BIRTHPLACE (city or town) (State of country) Baltimore Md

17. INFORMANT Ira Young

(Address) 3009 Wayne ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec. 6. 1937

19. UNDERTAKER John B. Henry

(Address) 715 Light St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death at the time stated above, on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hamburger M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH INK—PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 41474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41474

CERTIFICATE OF DEATH

186-a 41474

1. PLACE OF DEATH Md. Genl Hospital X 11-3

Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Pauline Eckhardt

If U. S. Veteran specify WAR

(a) Residence: No. Augsburg Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Sept. 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Eckhardt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Augsburg Home Record Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL: Druid Hill Pk. St. Pauls Cem. Date 12-7-37

19. UNDERTAKER (Address): Wm. Chas. A. G. Rohde 2327 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-22-1937 to 12-5-1937

I last saw her alive on 12-5-1937 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Fractured Neck of Left Femur — Date of onset 11-22-37

Cardiac Failure (Mechanical)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & x-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-22-1937

Where did injury occur? "Augsburg Home" (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: In room of Augsburg Home

Manner of injury: Slipped & fell

Nature of injury: Abrasions

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. P. Scarborough Jr. M. D.

(Address) Md Genl Hosp.

V 2 3

DEC 2 - 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41475

41475 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Cereal St. 7-5 Ward) (Centre Bky.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Victoria Duczmicka

(a) Residence: No. 1616 (Usual place of abode) Cereal St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND (or) WIFE of: Peter Duczmicki

6. DATE OF BIRTH (month, day, year): 1881

7. AGE: Years 56; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Apolinary Karwoski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Jane Duczmicki 1616 Cereal

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross A.A. Co. Date: DEC. 7. 1937

19. UNDERTAKER: Fred W. Ozazewski (Address) 1850 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1937 to Dec 4 1937

I last saw her alive on Dec 4 1937. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Dec 3 1937

Arteriosclerosis

Other contributory causes of importance:

Edema

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Leon J. Kodca M. D.

(Address) 4300 Pleasant Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 8 1937

F 41476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41476

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. 1-3 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Zigmunt Witkowski

(a) Residence: No. 709 S. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stella Witkowski

6. DATE OF BIRTH (month, day, year) Aug. 14 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4 3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Philadelphia (State or country) Pa.

FATHER

13. NAME Witkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stella Witkowski

(Address) 709 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 6 19 27

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 19 27

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) 1714 E. North Ave.

V 56

F 41477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41477

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 16-7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marulla Barabasz

(a) Residence: No. 346 S. Newkirk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Barabasz

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Theodore Poruszkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Barabasz Son (Address) 346 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Dec. 7 37

19. UNDERTAKER Fred W Ozazewski (Address) 1930 Eastern Ave.

20. FILED ..... 19 ..... Registrar

DEC 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937 to December 4, 1937 I last saw her alive on December 4 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast, right	1933
Metastatic carcinoma of brain	?

Other contributory causes of importance:

Hypertensive cardio-vascular disease	?

Was an operation performed? Yes Date of Dec. 1, 1937

For what disease or injury? Brain tumor

Name of operation Exploratory craniotomy

What test confirmed diagnosis? Operation there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett L. Depp M. D.

(Address) University Hospital

Ve 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41478

✓ F 41478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 107-a

CITY OF BALTIMORE: (No.) St. 16 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos da. How long in U. S. If of foreign birth? yrs. mos da.

2. FULL NAME Myrtle Lum Henderson. If U. S. Veteran specify WAR

(a) Residence: No. Brookville Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Henderson

6. DATE OF BIRTH (month, day, year)

7. AGE 44 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Nancy Hall

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT William R. Henderson (Address) Brookville Md.

18. BURIAL, CREMATION, OR REMOVAL Fairfax Va Date 12-7-37

19. UNDERTAKER Lake & McNabb (Address) Catonsville Md.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5th . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Krantz M. D.
Coroner

(Address) 216 Harvey St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 41479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41479

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Josephs Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St. 11-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F Cannaff — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1226 N Calvert St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene E. Cannaff

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief - Office

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. City - Forestry Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) New Jersey

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Warner H. Nyok

(Address) 1806 W 31st

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 6 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1- 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probable fracture of Skull — Date of onset 11-22

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 12/22 1937

Where did injury occur? Preston near St Paul (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while

Nature of injury Crossing street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Gurley Auto M. D.
Coroner

(Address) 917 N Chas

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

41480 HEALTH DEPARTMENT—CITY OF BALTIMORE 41480

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Kemble Road 42-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Maryland Klingel

If U. S. Veteran specify War Record

(a) Residence: No. 204 Kemble Road St., Ward. Guilford

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single~~ widowed, ~~or divorced~~ (or) WIFE of Henry N. Klingel

6. DATE OF BIRTH (month, day, year) Oct 13 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Chas. T. McClenachan

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Louise Parsons

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clarence N. Klingel

(Address) 204 Kemble Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 6 1937

19. UNDERTAKER W. S. Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

DEC 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to Dec 4, 1937

I last saw h alive on Dec 4 1937. Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension with interstitial nephritis	1931
Cerebral Hemorrhage	12 1 37

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm T Hulchett, M. D.

(Address) 2117 W Lanvale

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41481

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Bal. Gen. Hospital

Registered No.

CITY OF BALTIMORE: (No. ... St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna J Mc Ginnis

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1208 Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race W

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of John J. Mc Ginnis

6. DATE OF BIRTH (month, day, year) Mar 25th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Texas Md.

FATHER

13. NAME John Finnerty

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Canavan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Catherine Butta 307 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Texas Md. Date Dec 7th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED DEC 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-17-37, 19..., to 12-3, 1937

I last saw h.e alive on 12-3 1937 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encapsulated Ventral Hernia - Hypostatic Pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-8-37

For what disease or injury? Ventral Hernia

Name of operation Hernioplasty

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. L. Ewald Jr M.D.

(Address) Bal. Gen'l. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41482 64 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41482
3382

CERTIFICATE OF DEATH 91-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.
CITY OF BALTIMORE: (No.) St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Henry Ahlgren If U. S. Veteran specify WAR No Record
(a) Residence: No. 1112 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) June 2nd 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Broadway
10. Date deceased last worked at this occupation (month and year) Aug 1937 | 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Wm ahlgren
14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER
15. MAIDEN NAME Alice Phalen
16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 7th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1937 to Dec 4 1937
I last saw him alive on Dec 4 1937 Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial endocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Thomas S Burns M. D.
(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 6 1937

F 41483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41483

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2909 Dillon St., 1-1 (Ward)

Length of residence in city or town where death occurred 1/2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Loretta Louisa Anderson — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2909 Dillon St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Amandus Anderson

6. DATE OF BIRTH (month, day, year) Sept 7th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1937

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Rau Anderson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Teresa Kolbus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anna Celly 706 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Dec 8th 1937

19. UNDERTAKER (Address) Wm Bork 1217 St Paul St

20. FILED ... 19... Registrar.

DEC 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 18, 1937, to Dec 5, 1937.

I last saw her alive on Dec 4 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1925
Arterio-Sclerosis	1935
Coronary sclerosis Dec 8	1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward J Bleiler M. D.

(Address) 3507 Fait Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41484

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals ✓92-a cc

CITY OF BALTIMORE: (No. Bay View St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles Weiner

(a) Residence: No. 1021 Waldeis St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Katherine Weiner

6. DATE OF BIRTH (month, day, year) July 10-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year) Sept 1-1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME George Weiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret (Mutchmy)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude Clemm daughter

(Address) 935 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 8th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest ~~Autopsy or Inquiry~~ thereon and from the evidence obtained by said ~~Inquest Autopsy or Inquiry~~ find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 Year
Other contributory causes of importance: Valvular heart disease	1 Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41485

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
CITY OF BALTIMORE: (No. X St. 12-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 14 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Crowley

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) June 10, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartermaster A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 7-22-35
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER

13. NAME Walter Crowley
14. BIRTHPLACE (city or town) (State or country) ? Ireland

MOTHER

15. MAIDEN NAME Mattie ??
16. BIRTHPLACE (city or town) (State or country) Seattle Wash.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Dec. 6 1937

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 1251 E. Monta Ave.

20. FILED . 19 Registrar.

DEC 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1937, to December 3, 1937.
I last saw him alive on December 3, 1937. Death is said to have occurred on the date stated above, at 4:08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1919
Fistula, pleurobronchial	12-2-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-2-37; 12-3-37
For what disease or injury? Tuberculosis, pulm. chronic
Name of operation Pneumothorax & Aspiration of air, rt. pleural cavity.
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T B N an dersn M. D.
(Address) U. S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41486

CERTIFICATE OF DEATH

/31 F 41486

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Pine St., St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irene Harper

If U. S. Veteran specify WAR

(a) Residence: No. 1002 Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Harper

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Marion Barber

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Marie Harper ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Willington (Son) (Address) 1002 Pine St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 12/6 37

19. UNDERTAKER T. E. Kelson (Address) 1303 Presstman St

20. FILED DEC 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th 37 to Dec 3rd 37

I last saw h[illegible] alive on Dec 3rd 37. Death is said to have occurred on the date stated above at [illegible] m.

The principal cause of death and related causes of importance were as follows:

1 Hypertension Arteriosclerosis with Myocarditis, about 2 mo — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Gerace M. D.

(Address) 2122 N. Arlington Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 6 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

41487

CERTIFICATE OF DEATH

23 F 41487

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Prestman St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Briscar

If U. S. Veteran specify WAR

(a) Residence: No. 1305 Prestman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 8, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME wilson Briscoe

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Hannah Jefferson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hannah Briscoe

(Address) 1305 Prestman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 12/6 37

19. UNDERTAKER T. E. Kelson

(Address) 1303 Prestman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/25-37, 19 to 12/5-37, 19

I last saw h alive on 12/3-37, 19. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 D

M. D. R. 1268-9

Fudesluger

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41488

CERTIFICATE OF DEATH

V 131 F 41488

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1927 Jefferson St.

CITY OF BALTIMORE: (No. ... St. 6-4 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Fudesluger

(a) Residence: No. 1927 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ulrich Fudesluger

6. DATE OF BIRTH (month, day, year) Dec. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Zoeller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Fudesluger

(Address) 1927 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date 12-7-1937

19. UNDERTAKER John A. Milster Sons

(Address) 2435 E. Oliver St.

20. FILED 19 Registrar

DEC 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1937 to Dec 4, 1937

I last saw her alive on Dec. 3, 1937 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	12/1/37
pulmonary edema	
Other contributory causes of importance:	
hypertension, chr. nephritis	?
Arterio-sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) L. C. Sobilak, M. D.

(Address) 747 N. Linwood Ave.

V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary R James

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41489

CERTIFICATE OF DEATH

182-a F 41489

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland 28 Ward)

Length of residence in city or town where death occurred 50 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME James, Mary R

If U.S. Veteran specify WAR .....

(a) Residence: No. North Bend Rd. Fredericksburg St., .. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	W	Widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Charles J James

6. DATE OF BIRTH (month, day, year) April 18 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	~~One~~	~~17~~ 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Maj A.R.H. Ranson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Francis Frame

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Cooper R. Drewry

(Address) North Bend Rd Fredericksburg

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 6 1937

19. UNDERTAKER Henry W. Stukes Inc

(Address) McCaleb & Orchard

20. FILED Huntington Williams, M.D.

DEC 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9- 1937 to 12-5- 1937

I last saw her alive on 12-5- 1937 Death is said to have occurred on the date stated above, at 5.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, multiple	10/8/37

Other contributory causes of importance:

Arteriosclerosis, generalized

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Henry W. Stevens M. D.

(Address) 202 E. Preston Street

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41490

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Lee

(a) Residence: No. 513 W. Motgomery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith Lee

6. DATE OF BIRTH (month, day, year) Jan. 25 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Edith Lee

(Address) 12 W. York St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary. Date 12/6/37 19

19. UNDERTAKER Walter B Sprigg

(Address) 154 N Dunbury St

20. FILED DEC 6 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2737 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 6 1937

V S 6

F 41491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41491

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balty. City Hospitals — Registered No. 1934 94-B cc

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Jones

(a) Residence: No. 1845 N. Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susie Rollins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Stephen Fribsby

(Address) 1845 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12/6 1937

19. UNDERTAKER Rayne Sanders

(Address) 1413 E. Preston St

20. FILED DEC 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	1 Week
Arterio - Sclerosis	Some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. A. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

V. S. 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41492

CERTIFICATE OF DEATH

28716 JS

5-1 ✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Henryhan

(a) Residence: No. 615 Central Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Austin

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Queen Boyd

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/6 19 37

19. UNDERTAKER Joseph G. Lockard

(Address) 302 Monroe St.

20. FILED DEC 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1. 1937 to December 2. 1937

I last saw him alive on December 2. 1937. Death is said to have occurred on the date stated above, at 9⁰⁰ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-26-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH INK. ANSWER ALL QUESTIONS. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

DEC 6 1937

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41493

CERTIFICATE OF DEATH

11-B

F 41493

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. ... Ward) 9-9

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Robert Bauer

(a) Residence: No. 41 Henry Ave. Raspeburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Aug. 13, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edgar O. Bauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Miriam J. Ebert

16. BIRTHPLACE (city or town) (State or country) Wireton, Pa.

17. INFORMANT Mr. Edgar O. Bauer
(Address) 41 Henry Ave. Raspeburg

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Jan. 7, 1937

19. UNDERTAKER Friend Brothers Inc.
(Address) 7401 Belair Road

20. FILED DEC 6 - 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Influenzal Encephalitis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ohlmeyer M. D. Coroner

(Address) 1192 E. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41494

CERTIFICATE OF DEATH

107-a

F 41494

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St. 23 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William A. Miller

(a) Residence: No. 1325 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Cecelia Miller (dead)

6. DATE OF BIRTH (month, day, year) Apr 21 1858 Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Feystein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Katenkamp
(Address) 1622 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross & Co Date 12-10th 1937

19. UNDERTAKER Bernard C. Hasle
(Address) 121 E West St

20. FILED DEC 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Week
Other contributory causes of importance: Asthenia, Senility	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Wood M. D. (Coroner)

(Address) 1712 N Bond St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41495

CERTIFICATE OF DEATH

131 F 41495

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp St., Father F Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ~~Mrs William Joseph Peach~~ AGNES J PEACH If U. S. Veteran specify WAR

(a) Residence: No. Granite Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William J Peach Sr.

6. DATE OF BIRTH (month, day, year): April 30 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: William J. Peach Sr. (Address) Granite Md.

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem Date 12-9 37

19. UNDERTAKER: Bernard G Harle (Address) 12 E West St Huntington West Virginia

DEC 6 - 1937

20. FILED (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5 th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 nd 1937 to Dec 5 th 1937

I last saw h LA alive on Dec 5 th 1937 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Dec. 3rd 1937	12/2/37
Hypertensive cardio vascular renal disease	3
Other contributory causes of importance: Chronic nephritis Acute hemolytic streptococcic tonsilitis Anemia secondary to chronic	(12/3/37)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

N S 3

A. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41496

41496

28490--MHW

CERTIFICATE OF DEATH

✓ 125-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mosetta Thaxton

(a) Residence: No. 522 N. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/30/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	3	13 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scherper & Sons

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Henry Thaxton

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Stanfield

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Boykins N C Date Dec 6 19 37

19. UNDERTAKER Robt E Williams
(Address) 1515 McCulloh St

20. FILED ..... 19 ..... Registrar

DEC 6 1937

(GHG)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1937 to December 3 1937

I last saw her alive on Dec 3 1937 Death is said to have occurred on the date stated above, at 9 27 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver abscess	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-23; 11-25; 12-1-37; 12-3-37.

For what disease or injury? Liver abscess

Name of operation Drain liver abscess

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. C. Brumbaugh M. D.

(Address) Baltimore City Hosp.

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK. All items must be answered or the word "unknown" or the correct abbreviation inserted. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41497 CERTIFICATE OF DEATH ×√95-D **F 41497**

1. PLACE OF DEATH: University Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-2 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A Whayland — If U. S. Veteran specify WAR

(a) Residence: No. Salisbury Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Mary A Whayland

6. DATE OF BIRTH (month, day, year) About 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 39	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William A Whayland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary A Whayland
(Address) Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md Date Dec 7 37

19. UNDERTAKER Hill & Johnson.
(Address) Salisbury Md.

DEC 6 - 1937 [illegible] for William [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1937 to Dec 5 1937

I last saw him alive on Dec 5 1937 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	?
Sub-arachnoid hemorrhage	10-16-37
Acute Sanguinous Meningitis	10-16-37
Hypostatic Bronchopneumonia	Dec 3-4

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Dickey, M. D.

(Address) University Hospital

X. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41498 — CERTIFICATE OF DEATH — F 41498

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 36-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Anna Comegys

If U. S. Veteran specify WAR

(a) Residence: No. 529 N. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Comegys

6. DATE OF BIRTH (month, day, year) July 21, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Froelick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Everhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Froehlich

(Address) 502 N. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date dec 6 . 19 37

19. UNDERTAKER John Merrick

(Address) 2005 Aisquith

20. FILED DEC 6 1937 19 J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon; and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. R. Coughlin M. D.

(Address) 2257 W. Lanvale

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Any of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41439

CERTIFICATE OF DEATH

93-C F 41499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N Highland Ave Ward) 26-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Henry Rice

If U. S. Veteran specify WAR

(a) Residence: No. 147 N Highland Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Rice

6. DATE OF BIRTH (month, day, year) Apr 20 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1062

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Bath

FATHER

13. NAME Lewis Rice

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Keller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lettie Rice

(Address) 147 N Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 7 1937

19. UNDERTAKER John Ulrich

(Address) 209 S Arlington

20. FILED DEC 6 - 1937 Huntington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to December 4, 1937

I last saw him alive on December 4, 1937. Death is said to have occurred on the date stated above, at 12:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Chronic Myocarditis	Unknown
Other contributory causes of importance:	
Acute Myocardial Failure	1 hour

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Arbignani, M. D.

(Address) 2942 E. Fayette St.

S. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41500

F 41500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Washington

(a) Residence: No. 1414 Mullikin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geneva Washington

6. DATE OF BIRTH (month, day, year) March 26 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Geo. Washington

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Martha James

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Geneva Washington

(Address) 1414 Mullikin St.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park Dec 6 1937

19. UNDERTAKER Robert J. Young

(Address) 804 N. Carlton St.

20. FILED Dec 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Fracture of L. Arm	
Other contributory causes of importance:	

Was an operation performed? Yes Date Dec 1, 1937

For what disease or injury? Fracture of Arm

Name of operation Amputation of L. Arm Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 2, 1937

Where did injury occur? Pier 4 Fort Covington
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Loading S.S. Foylebank Struck by Falling Boom

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Struck by Boom

(Signed) R. H. Carlson, M. D.
Attending Physician or Coroner

(Address) 2757 E. Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7 1937

F 41501

41501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., B5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1427 N. Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 7, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Cooper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 6 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ..... 19..... Registrar.

DEC 6 - 1937 Metz Hilton, M.D.

5613

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937 to Oct 18, 1937

I last saw h— alive on Oct. 17, 1937 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E Delfs, M. D.

(Address) The Johns Hopkins Hospital

41502 · HEALTH DEPARTMENT—CITY OF BALTIMORE F 41502

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 27-14 (Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Johnson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5703 Berkley Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~late WIFE of~~ Lila Tullach Johnson

6. DATE OF BIRTH (month, day, year) Dec 4th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Champaign Ill.

FATHER

13. NAME Charles B. Johnson

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mariah Lewis

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Lila Johnson

(Address) 5703 Berkley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Champaign Ill. Dec 17/37

19. UNDERTAKER Wm Cox & Son

(Address) 1217 N. Paca St.

20. FILED ..... 19.....

Registrar.

Dec 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937 to Dec 3, 1937

I last saw him alive on Dec 3, 1937 Death is said to have occurred on the date stated above, at 4.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Cardio-Vascular Disease	
Bronchio-pneumonia	11-24-37
Other contributory causes of importance:	
Pulmonary Embolism	12-3-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Gilbert E. Rudman M. D.

(Address) St. Joseph's Hospital

1503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41503

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 E. 41st St. 9-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James ~~John~~ Jr. Kerr

If U. S. Veteran specify WAR

(a) Residence: No. 621 E. 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Jessie Kerr

6. DATE OF BIRTH (month, day, year) Dec. 16 1867 ~~1866~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 ~~70~~	11	16 ~~20~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1935

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Kerr

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Ann M. Hamilton

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Miss Carrie Kerr
(Address) 621 E 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place Jew Cathedral Date 12/7/ 1937

19. UNDERTAKER John A. Morgan
(Address) 3006 E Baltimore St.

20. FILED 12-7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937 to Dec. 3, 1937

I last saw him alive on Dec. 3, 1937. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/4/37
Chronic myocarditis.	
General arterio-sclerosis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. W. Gueyton M. D.

(Address) 3963 Greenmount Ave

41504 ✓ F 41504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 E 28th St. 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret G. Rice

If U. S. Veteran specify WAR

(a) Residence: No. 1506 E 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	W	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Conrad J Rice

6. DATE OF BIRTH (month, day, year) Jan 6-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

FATHER

13. NAME Christian Horn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Blatz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad J Rice

(Address) N 06 E 28 St H.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/7 37

19. UNDERTAKER Leonard Hyde

(Address) 1005 Hartford

20. FILED 12-8 19 37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1937 to Dec 4, 1937

I last saw her alive on Dec 4, 1937 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3 yrs

Other contributory causes of importance:

Rheumatoid arthritis & nephritis	4 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. L. Jungeman M. D.

(Address) 2858 Hartford Rd

1505 ✓ F 41505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1042 W. Fayette St., (Ward) 18-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 1042 W. Fayette St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Robinson

6. DATE OF BIRTH (month, day, year) [illegible] 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) About 2 yrs ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Cattle Mill Maryland

13. NAME George Clark.

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Maryland

15. MAIDEN NAME Mary J.

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Maryland

17. INFORMANT Harry Robinson

(Address) 1042 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Dec 7, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19 .....

Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1937 to Dec 3 1937

I last saw her alive on Dec 3 1937 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis with Myocarditis	Year

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. T. Greene, M. D.

(Address) 1022 N. Arlington Ave

41506 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41506

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. CHAPEL ST. St., 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM GRAY

If U. S. Veteran specify WAR

(a) Residence: No. 509 S. CHAPEL ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARIE GRAY

6. DATE OF BIRTH (month, day, year) NOV. 26/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. POTTER 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BNNETTS POTTERY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME WALTER GRAY

14. BIRTHPLACE (city or town) (State or country) BALTO MD.

MOTHER

15. MAIDEN NAME MARY RUSH

16. BIRTHPLACE (city or town) (State or country) BALTO .MD.

17. INFORMANT MARIE GRAY (WIFE)
(Address) 509 S. CHAPEL ST.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 7 37

19. UNDERTAKER Lilly & Zaiser
(Address) 405 S. WOLFE ST.

20. FILED DEC 7 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 5/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 37 to Dec 5th 37

I last saw him alive on Dec 4th 37. Death is said to have occurred on the date stated above, at 7/30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	15th Month ago
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation T. B. Hemorrhage 1/14/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. L. Rupard M. D.

(Address) 3201 St. Paul

41507 HEALTH DEPARTMENT—CITY OF BALTIMORE 41507

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Park Ave 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Kohn If U. S Veteran specify WAR.

(a) Residence: No. 2212 Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Estelle R. Kohn

6. DATE OF BIRTH (month, day, year) May 4 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Maud Kohn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emilie Baehman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Estelle Kohl

(Address) 2212 Park Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Har. Sinai Cem. Date Dec. 8 1937

19. UNDERTAKER David Sonneborn Son

(Address) 1702 Eutaw Place

20. FILED 19 Registrar

ERG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937 to Dec 6 1937

I last saw him alive on Dec 6 1937 Death is said to have occurred on the date stated above, at 4:59 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Aorta dilatation of heart	4 days
Other contributory causes of importance:	

Was an operation performed? no Date of /

For what disease or injury?

Name of operation none Date of /

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. Frederick Lentz M. D.

(Address) Temple Gardens Apt

1508 ✓ F 41508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals, 186-a OC
CITY OF BALTIMORE: (No. Bay View St., 19-2 Ward) Registered No. 1877
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR.

2. FULL NAME Susan Clinton
(a) Residence: No. 717 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (or) WIFE of Isaac Clinton (dead)

6. DATE OF BIRTH (month, day, year) Nov. 25-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Wm. Dorsey
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Mary (Not known)
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Cora Thompson
(Address) 717 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mass. Dc Date 12/6/37

19. UNDERTAKER Lloyd H. Chase Inc.
(Address) 1515 E. Fayette

20. FILED DEC 6 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry and that said deceased came to (Coroner's Inquiry) death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2 days
Arterio-sclerosis & Senility	Long time prior
Other contributory causes of importance: Fracture Neck right femur	22/1937

Was an operation performed? No. Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 22 1937
Where did injury occur? Ward A. infirmary City Hospitals
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Hospital
Manner of injury Fell out of bed
Nature of injury Fracture Neck right femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 N. Broadway

V S 6

4

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41509

CERTIFICATE OF DEATH

108 F 41509

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 W Hamburg St., 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J Fervine

If U. S. Veteran specify WAR

(a) Residence: No. 1107 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J Fervine

6. DATE OF BIRTH (month, day, year) Sept 12 1851

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
86	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary Land

MOTHER FATHER

13. NAME Paul J Hahley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ling Ley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J Fervine
(Address) 1921 Dr Sarata ca

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Dec 7 1937

19. UNDERTAKER Geo A Zeltmann & Sons
(Address) Fulton & Laurens Sts

20. FILED Dec 8 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 4, 1937

I last saw h[illegible] alive on Dec 4, 1937 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	0000
Duodenal Ulcer	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Duodenal Ulcer

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 4 Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Wallace Walker M. D.

(Address) 424 Med Arts Bldg

VS 2

F 336200

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41510

CERTIFICATE OF DEATH

Registered No. 20-572-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Morris

If U. S. Veteran specify WAR

(a) Residence: No. 303 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Morris

6. DATE OF BIRTH (month, day, year) 8-14-75

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Knodler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ida McAbee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 7 1937

19. UNDERTAKER George L. Schwab

(Address) 711 Fredrick Ave

20. FILED ..... 19..... Registrar.

Dec 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937 to Dec 4, 1937

I last saw her alive on Dec 4, 1937 Death is said to have occurred on the date stated above, at 10 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphoid Leukemia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter B. Brooks, M. D.

(Address) Johns Hopkins Hosp

41511 F 41511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 North Charles St., 12-6 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CHRISTINA RETTALIATA

If U. S. Veteran specify WAR

(a) Residence: No. 2201 North Charles St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Rettaliata

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Catherine Gardella

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr. Louis Rettaliata

(Address) 2201 North Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 7 1937

19. UNDERTAKER Chas. F. Mace & Son

(Address) 118 W. Lafayette Ave

20. FILED DEC 8 1937 19... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1936, to 12/5/37, 19...

I last saw h[e] alive on 12/5/37, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of vertebra — Date of onset 9-16-36

Other contributory causes of importance:

Metastases to lungs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St

Spec.—1-10-21—M&T—1500 Blks.

✓ F 41512

41512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-W

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 St Albans Way) WARD 7-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Paul Murphy

(a) RESIDENCE No. 106 St Albans Way ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Vincent Paul Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ray Murray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hampstead N.C.

14 Informant Vincent Paul Murphy

(Address) 106 St Albans Way

15 Filed 6-1937 19 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1937

17

I HEREBY CERTIFY, That I attended deceased from May, 1935, to Dec, 1937,

that I last saw him alive on Dec 5, 1937

and that death occurred, on the date stated above, at 7:15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart Disease (Mitral Regurgitation)

(duration) 4 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Baldwin, M. D.

, 19 (Address) 100 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL Dec 8-37

20 UNDERTAKER Chas. P. Bruce & Son ADDRESS 118 W. Pratt St

CAUSE OF DEATH IS VERY important See instructions on back of certificate.

41513 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41513

CERTIFICATE OF DEATH

RHW 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Turner

If U. S. Veteran specify WAR

(a) Residence: No. 816 N. Calhoun Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year) 6-6-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Clem Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 12-6 1937

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED DEC 6 1937 Huntington Whitsell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to November 29, 1937

I last saw her alive on November 29, 1937. Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

41514 F 41514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4605 Park Heights Ave. St. 47-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Schoenhals

If U.S. Veteran specify WAR ....

(a) Residence: No. 4605 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie R. Schoenhals

6. DATE OF BIRTH (month, day, year) July 23, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) December 1918

11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Schoenhals

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Horst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie R. Schoenhals

(Address) 4605 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 7 1937

19. UNDERTAKER Von Block

(Address) 1003 E. Baltimore St.

20. FILED DEC 8 - 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937 to Dec. 5, 1937

I last saw him alive on Dec. 5, 1937 Death is said to have occurred on the date stated above, at 6.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE	
Other contributory causes of importance: BRONCHO PNEUMONIA	Nov 26
THROMBO-PHLEBITIS	Dec 4

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? EXAM. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alex A Weinstock M. D.

(Address) 4603 Park Heights Ave.

1515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41515

CERTIFICATE OF DEATH

28622--MHW

1. PLACE OF DEATH

6-4127-2

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Dougherty

(a) Residence: No. 138 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 6/22/1865

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Timothy Sneed

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Partridge ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Rd Date Dec 7 1937

19. UNDERTAKER Martin W.C. Diffpl
(Address) 312 Ann St

20. FILED 19

Registrar

DEC 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1937 to 12-3 1937

I last saw her alive on 12-3 1937. Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia of right with intestinal obstruction	11-24-37 ?
Other contributory causes of importance: Bronchopneumonia	11-27-37

Was an operation performed? yes Date 11-28-37

For what disease or injury? Strangulated hernia

Name of operation Release of Strangulation + enterostomy

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. A. Jourtegan M. D.

(Address) Baltimore City Hospitals

41516 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E-41516

CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 5021 Queensbury Ave St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Theresa Pollack — If U. S. Veteran specify WAR .....

(a) Residence: No. 5021 Queensbury Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced (or) WIFE of Benjamin Pollack

6. DATE OF BIRTH (month, day, year) June 16, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year) August 23, 1937

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME Joseph Berger

14. BIRTHPLACE (city or town) (State or country) Belki Russia

MOTHER

15. MAIDEN NAME Yetta Berensberg

16. BIRTHPLACE (city or town) (State or country) Manchester England

17. INFORMANT Mary Fine
(Address) 5021 Queensbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date Dec 7 37

19. UNDERTAKER Goldwing & Bros
(Address) 1124-26 W. North ave

20. FILED ... 19... Registrar

DEC 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1937 to December 5, 1937
I last saw her alive on December 5, 1937 Death is said to have occurred on the date stated above, at 10.15 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease (mediastinal, gastro-intestinal)	Feb, 1926
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wallace E Lawman M. D.

(Address) 5015 Park Heights Ave

1517

HEALTH DEPARTMENT—CITY OF BALTIMORE

1517 1

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp 15-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Solomon

If U. S. Veteran specify WAR

(a) Residence: No. 2738 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel Solomon

6. DATE OF BIRTH (month, day, year) May 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Joseph Solomon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah P

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Son) Joseph Solomon

(Address) 2738 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Dec 7, 1937

19. UNDERTAKER Sol. Levinson - Bros

(Address) 1124-30 W. North ave

20. FILED DEC 8 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1937, to Dec 6, 1937

I last saw him alive on Dec 5, 1937. Death is said to have occurred on the date stated above, at 6:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) 1038 N

11518 · HEALTH DEPARTMENT—CITY OF BALTIMORE F 11518

CERTIFICATE OF DEATH

14455 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 6-2 Ward) 34-J-1937-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Zacharski

If U. S. Veteran specify WAR

(a) Residence: No. 145 N. Luzerne Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary (Cem Date DEC 7 1937

19. UNDERTAKER John F. Wyley

(Address) 401 S. Chester St

20. FILED DEC 7 1937, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to December 4, 1937

I last saw him alive on December 4, 1937. Death is said to have occurred on the date stated above, at 11 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-29-37
Arteriosclerosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

41519 HEALTH DEPARTMENT—CITY OF BALTIMORE 41519

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2522 Robb St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H. Simms

If U. S. Veteran specify WAR

(a) Residence: No. 2522 Robb St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Simms

7. DATE OF BIRTH (month, day, year) April 6, 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov. Printing Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Albert Simms
(Address) 2522 Robb St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 12/7/37

19. UNDERTAKER Frederick A Cole
(Address) 1200 W Lombard St

FILED DEC 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1937 to Dec 4 1937

I last saw him alive on Dec 4 1937 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	11/24/37
Other contributory causes of importance: Chronic Int Nephritis	7 mo.

Was an operation performed? no Date of no

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) David Miller M. D.

(Address) 188 N Broadway

1520 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41520

CERTIFICATE OF DEATH 34-D-131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospl. St. ..... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph P. Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1309 Hollins St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lois

7. DATE OF BIRTH (month, day, year) 4-9-1884

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Elder

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's, Hamden Date 12/7 1937

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

20. FILED ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27. 1937. to December 3. 1937.

I last saw him alive on December 3. 1937. Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	[illegible] years
Other contributory causes of importance:	
	acute

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. de Santolla M. D.

(Address) Baltimore City Hospitals

VS 8

DEC 7 - 1937

41521 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41521

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Pen Lucy Ave. 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Ford

If U.S. Veteran specify WAR No Record

(a) Residence: No. 713 Pen Lucy Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Carrie M.

6. DATE OF BIRTH (month, day, year) 9-23-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Columbus H Ford.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Henrietta Hines

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

17. INFORMANT Rena H. Cole

(Address) 713 Pen Lucy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/8 1937

19. UNDERTAKER William Cook

(Address) 1219 at Paul St

20. FILER 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 7:30 PM

21. DATE OF DEATH (month, day, year) Dec. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Dec 5 1937.

I last saw him alive on Dec 5 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + interstitial nephritis.	Several yrs
Other contributory causes of importance:	
marasmus	1 wk

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Bauman and Sons M. D.

(Address) 2200 Garrison Blvd

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41522 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41522

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Old York Rd St., 41-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Lutz

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3732 Old York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma C. Lutz

6. DATE OF BIRTH (month, day, year): Mar 5 1863

7. AGE: Years 74 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glass Co

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

13. NAME: Emma Lutz

FATHER

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Hutchinson

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT: Emma Lutz

(Address) 3732 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/7 1937

19. UNDERTAKER: Wm Cook

(Address) 1219 E Fayette St

20. FILED Dec 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to Dec 5 1937

I last saw him alive on Dec 4 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 1309 York Rd

information should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41523

F 41523 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH On street front of 2426 2nd St — Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Koepper — If U. S. Veteran specify WAR No Record

(a) Residence: No. 714 Bartlett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Koepper

6. DATE OF BIRTH (month, day, year) Sept 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Adolph Koepper

14. BIRTHPLACE (city or town) (State or country) German

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo Koepper Jr

(Address) 524 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Date Dec 7th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Dec 4 19 37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/4/37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D. Coroner

(Address) Coroner

S. B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 4 - 1937

V S 6

Grace H Kohl

F 41524 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41524

CERTIFICATE OF DEATH ✓ 91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kohl, Grace H. If U.S. Veteran, specify WAR No Record

(a) Residence: No. 6330 Frederick Rd St., Ward Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred B. Kohl

6. DATE OF BIRTH (month, day, year) April 23rd 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kaukauna Wis.

FATHER

13. NAME Peter Hanson

14. BIRTHPLACE (city or town) (State or country) Oconto Wis

MOTHER

15. MAIDEN NAME Effie T. Simpson

16. BIRTHPLACE (city or town) (State or country) Oshkosh Wis

17. INFORMANT Alfred Kohl (Address) 6330 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Woodland Park Date Dec 7 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED DEC 7 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-23- 1937 to 12-5- 1937

I last saw her alive on 12-5- 1937 Death is said to have occurred on the date stated above, at 10 20 A M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset
Endocarditis, Subacute bacterial
Emboli, Multiple

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Farmer Burial M. D.

(Address) 5 & 5 Tripoli Road

INSTRUCTIONS.—Write plainly. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41525

CERTIFICATE OF DEATH

✓186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Annie A. Getz

(a) Residence: No. Alabama Ave. Rosemont St., Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. J. Getz

6. DATE OF BIRTH (month, day, year) Jan. 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year) 10/20/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Shea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherin White

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo. Getz

(Address) Rosemont

18. BURIAL, CREMATION, OR REMOVAL

Funeral Home Cathedral Date Dec 8 1937

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 20, 1937

Where did injury occur? Alabama Ave Rosemont A.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs in Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Crellin M. D.

(Address) 2757 W Nat'l

F. B.—WRITE PLAINLY. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

In September - 1919 S. Main St.

F 41526

F 41526 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 N. Chester St. St. 8-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan C. Spotts

(a) Residence: No. 1815 N. Chester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Spotts?

6. DATE OF BIRTH (month, day, year) Dec 23, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME William Little

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Nancy Wells

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Walter F. Snellings

(Address) 1815 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Dec 8. 1937

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Chestnut Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1934 to December 5, 1937.

I last saw her alive on December 5, 1937. Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left eye	
Carcinoma of Left forearm	

Other contributory causes of importance:

Cachexia

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? —

... If so, specify ...

(Signed) Paul Ackenberg M. D.

(Address) 1918 E. North ave.

INSTRUCTIONS: The following information should be carefully supplied, and the certificate completed by PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Bubert - 4503 Park Heights Ave

F 41527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41527

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Hayward Ave, 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma C. Day

If U. S. Veteran specify WAR

(a) Residence: No. 3514 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Day.

6. DATE OF BIRTH (month, day, year) July 3 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME James Horan

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Margaret Sparklin.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs. Tamyse Miller.
(Address) 3514 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt Pleasant Chapel, Ellicott Date Dec 7, 1937

19. UNDERTAKER Ehrenwerth & Son
(Address) 3615-17 Chestnut Ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 37, 19..., to Dec 5 37, 19..., that I last saw him alive on Dec 5 37, 19... Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6 days
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Wm A Bubert M. D.

(Address) 4503 Park Heights Ave

V 93

Information should be carefully supplied and the certificate completed as far as possible. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41528 6234 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41528

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Regina May Brooks

If U. S. Veteran specify WAR

(a) Residence: No. North east ave St., Halethorpe Ward. md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-20-17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) DC

MOTHER

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Dec 7 1937

19. UNDERTAKER Archibald C. Hopkins (Address) 2[illegible] Gay St Baltimore

20. FILED ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 4 1937

I last saw her alive on Dec 4 1937 Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Hemorrhage	Dec. 3

Other contributory causes of importance:

Shock

Was an operation performed? yes Date of Dec. 3

For what disease or injury? PPH

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address)

Information ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7 - 1937

41529 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41529

CERTIFICATE OF DEATH

✓46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 E. Preston St. St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes David

If U. S. Veteran specify WAR

(a) Residence: No. 2430 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. David J. David

6. DATE OF BIRTH (month, day, year) Jan. 3, 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nanticoke, Pa.

FATHER

13. NAME John Stwalski

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. Alphonse David
(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date Dec. 8 37

19. UNDERTAKER Funeral Parlor
(Address) 7401 Belair Road

20. FILED 19
Registrar

DEC 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Dec. 5 1937

I last saw her alive on Dec. 5 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gall-bladder	1935
Other contributory causes of importance:	
metastases to Liver	

Was an operation performed? Yes Date of Aug 13, 1937

For what disease or injury? Gall-bladder

Name of operation Laparotomy-

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Schneider M. D.

(Address) 121 N. Milton Ave

Vo.

information should be complete in every detail. Use plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41530

CERTIFICATE OF DEATH

93-C F 41530

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Fox Street St. 12-7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Chesterwood Stokes

If U.S Veteran specify WAR

(a) Residence: No. 2726 Fox Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Rosetta Stokes

6. DATE OF BIRTH (month, day, year) Sept. 26, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Broxton Stokes

14. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

MOTHER

15. MAIDEN NAME Susan Lewis

16. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

17. INFORMANT Rosetta Stokes
(Address) 2726 Fox St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Dec 1937

19. UNDERTAKER Schuttfield & Gaddis
(Address) 2101 W. Lanvale St.

20. FILED Huntington Whitaker Registrar.

C 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937, to December 4, 1937

I last saw him alive on December 3, 1937 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	12/4/37

Other contributory causes of importance:

Myocarditis	Unknown
Cardiac Enlargement	Unknown

Was an operation performed? No Date of ----

For what disease or injury? ----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Geo W Montgomery M.D.

(Address) 401 East 25th Street

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41531

CERTIFICATE OF DEATH

82 F 41531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Collington Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

2. FULL NAME Jacob Sedat

(a) Residence: No. 314 S Collington ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Israel Sedat

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Neumann

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Chas Sedat

(Address) 314 S Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date December 9 1937

19. UNDERTAKER George A. Weber

(Address) 700 E Lanvale St

20. FILED 1937 Dec 8 1937 In Willmore NJ

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1937 to Dec. 6 1937

I last saw h 7 alive on Dec. 6 1937 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Essential Fibrosis	
Cerebral Hemorrhage.	Dec. 5 6 A.M.
Other contributory causes of importance: Terminal Bronchial pneumonia	Dec 6
Senile Coma	2 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob F Arenga M. D.

(Address) 209 S Central Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item of

F 41532 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41532

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen'l. Hospital 11-B

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 4317 Harford Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Marr.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Phillips

6. DATE OF BIRTH (month, day, year) March 27 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman auto parts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service auto Spring Co

10. Date deceased last worked at this occupation (month and year) 12 12 37

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas Thomas Phillips

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Jane Josephine Jamison

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm E Albert

(Address) 1626 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Dec 7 1937

19. UNDERTAKER Wm J Tucker & Son

(Address) North & Pa

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1937 to 12-4 1937

I last saw him alive on 12-4 1937. Death is said to have occurred on the date stated above, at 4 05 p.m.

The principal cause of death and related causes of importance were as follows:

Duodenal ulcer — Date of onset .....

Other contributory causes of importance: Bronchio-pneumonia

Was an operation performed? Yes Date of 11-24-37

For what disease or injury? Duodenal ulcer

Name of operation Subtotal Gastrectomy

What test confirmed diagnosis? Clinically Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Eward M. D.

(Address) Md. Gen'l. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 1-1937

F 41533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41533

CERTIFICATE OF DEATH

V 46-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Lubelle S. Knipp

U. S. Veteran specify WAR

(a) Residence: No. 5723 Uffington Rd. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F Knipp

6. DATE OF BIRTH (month, day, year) Mar. 27, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Oct 30 1937

11. Total time (years) spent in this occupation. 17 yr

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna.

FATHER

13. NAME George Shepherd

14. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

MOTHER

15. MAIDEN NAME Lula Day

16. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

17. INFORMANT Husband

(Address) 5723 Uffington Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Londa Park Date Dec 7 1937

19. UNDERTAKER Wm Hechler Sons

(Address) North & Pa Aves

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/16/37 to 12/5/37

I last saw her alive on 12/5/37 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of descending colon — Date of onset 1932

Other contributory causes of importance: Intestinal Obstruction — 11/10/37

Was an operation performed? Yes Date of 4-37 - 6-37 11/26/37

For what disease or injury? Adenocarcinoma of Colon

Name of operation Resection for Cancer Date of 4/37

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Ilgenfritz M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 41534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41534

CERTIFICATE OF DEATH

93-D

Registered No. 115-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Dorchester Rd, Ward)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Hammersley Hardesty

If U. S. Veteran specify WAR

(a) Residence: No. 3909 Dorchester Rd St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Robert F. Hardesty

6. DATE OF BIRTH (month, day, year) June 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H. Hammersley

14. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md.

MOTHER

15. MAIDEN NAME Esther V. Mayers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. W. Herbert Hammersley (Address) 3909 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec 7 1937

19. UNDERTAKER Wm H. Keyser Sons (Address) North & Paca.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1937 to Dec 5, 1937

I last saw h alive on Dec 4, 1937 Death is said to have occurred on the date stated above, at 10 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension	
Other contributory causes of importance: Chronic myocardial insufficiency — Edema of the Legs	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Reames, M. D.

(Address) 101 N Rend St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41535

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1062 Argyle Ave, 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Lynch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1062 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Florence Parker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Albert Parker

(Address) 1058 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 9 1937

19. UNDERTAKER James A Hagen

(Address) 142 W Fayette St

20. FILED ... 19... Registrar.

DEC 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1937 to Dec 6 1937

I last saw her alive on Dec 6 1937 Death is said to have occurred on the date stated above, at 4:40 pm

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Dec 3 1937

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 1939 Eutaw St

Information should be entered for every item applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41536 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41536

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Pauline S. Lowtson

If U.S. Veteran specify WAR

(a) Residence: No. 2717 N Calvert St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Veterans Divorced.

6. DATE OF BIRTH (month, day, year) Nov. 6, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc General Mercantile

10. Date deceased last worked at this occupation (month and year) 10-3-37 Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph B Lunsch

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Willie Hayden

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jos B Lunsch (Father)

(Address) 2717 N Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Dec 8 1937

19. UNDERTAKER Jos Gardner & Son

(Address) 217 E Pacca St Balto Md

20. FILED 19 Registrar

GKB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1937 to 12-6 1937

I last saw her alive on 12-6 1937 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic ulcerative colitis — Date of onset 10-3-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-14-37

For what disease or injury? Ileostomy for chronic ulceration

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Dyston M. D.

(Address) 323 Taplow Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ANY Should be stated EXACTLY. PHYSICIANS should

F 41537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41537

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 577 W. Dolphin St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer E. Brown

If U. S. Veteran specify WAR

(a) Residence: No. 577 W. Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Cole Brown

6. DATE OF BIRTH (month, day, year) March 27, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford Co.
(State or country) Maryland

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) Hartford Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) Hartford Co.
(State or country) Md

17. INFORMANT Lola Cole Brown
(Address) 577 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 12/8/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29- 1937 to 12-5- 1937

I last saw h. him alive on 12-3- 1937 Death is said to have occurred on the date stated above, at 3.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. nephritis	7/35
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical signs & symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John E. F. Tampler M. D.

(Address) 639 N. Carey St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

C 7 - 1931

Spec—12-23-21—E.B.R.S.—400 Bks.

Harner

HEALTH DEPARTMENT—CITY OF BALTIMORE

41538

CERTIFICATE OF DEATH.

94 F 41538

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3515 Spaulding (St.) 27-16 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry C. Harner

(a) Residence No. 3515 Spaulding ave. St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced. (Write the word): married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Harner

6-DATE OF BIRTH (month, day and year): Mar 30 1868

7-AGE: 69 yrs. - 8 mos. 4 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Produce

(b) General nature of Industry, business, or establishment in which employed (or employer): Dealer

(c) Name of employer:

9-BIRTHPLACE (city or town). (State or Country): Ba.

PARENTS.

10-NAME OF FATHER: Chas. Harner

11-BIRTHPLACE OF FATHER (city or town). (State or Country): Ba

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country): Unknown

14- (Informant) Charles Harner

(Address) Emmitsburg Md

15- DEC 7 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 12.4.37

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 1937 to Dec - 4 1937 that I last saw him alive on 12.3.37 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgenography

(Signed) Marion E Shook M D

12.7.37 (Address) 5064 Guilford ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Keymar Md

DATE OF BURIAL: Dec 7 1937

20-UNDERTAKER: C D Russell Son

ADDRESS: Taneytown Md

Huntington West Va

294

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Sales

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41539

CERTIFICATE OF DEATH

✓ 174 F 41539

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Sales Jr

If U. S. Veteran specify WAR World War

(a) Residence: No. 1327 Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Smith Sales

6. DATE OF BIRTH (month, day, year) Jan 6 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Sales Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eva Smith Sales

(Address) 1335 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec 8 1937

19. UNDERTAKER T. E. Kalon.

(Address) 1305 Freeman St

20. FILED 19 Registrar.

DEC 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3-1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence stated by me (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Autopsy Autopsy Findings

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Heart	12/3/37
Acute Bronchopneumonia	

Other contributory causes of importance

Was an operation performed? Yes Date of Dec 3 1937

For what disease or injury? Stab wound of Heart

Name of operation Repair Lacerations Date of 12-4-37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12-3-1937

Where did injury occur? Lanvale & Wheelwright Sts

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Tavern)

Manner of injury Stab wound of Heart with

Nature of injury a Knife—Pocket Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 20 E Fayette St

V 8 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41540

CERTIFICATE OF DEATH

F 41540

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1379 W Fulton St., 15-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James E Chapman

If U. S. Veteran specify WAR

(a) Residence: No. 1379 n Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Chapman

6. DATE OF BIRTH (month, day, year) July 4 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Carver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Q. A. Co Md

FATHER

13. NAME George Chapman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Chapman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Charlotte Chapman

(Address) 1379 n Fulton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 8 1937

19. UNDERTAKER J. E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED Dec 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec 3 '37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Jesse S. Cellen M. D.
Coroner

(Address) 501 Lexington St

V 8 6

82-a

E 41541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41541

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herbert Cougle Jr.

If U. S. Veteran specify WAR

(a) Residence: No. Texas, Baltimore County St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Both~~ Texas - maryland

FATHER

13. NAME Herbert Cougle

14. BIRTHPLACE (city or town) (State or country) Texas, maryland

MOTHER

15. MAIDEN NAME Odella Lowe

16. BIRTHPLACE (city or town) (State or country) Mantua mills maryland

17. INFORMANT Mother - Mrs Herbert Cougle
(Address) Texas, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Loyola, Catonsville Date Dec 9 1937

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Govans, Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1937 to Dec 6 1937

I last saw him alive on Dec 6 1937 Death is said to have occurred on the date stated above, at 10.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	Nov. 29 '37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry S. Gimbel M. D.
(Address) Sydenham Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 41542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41542

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4710 Frederick Ave. St., 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. LIFE mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Marjorie Harrison

If U. S. Veteran specify WAR

(a) Residence: No. 4710 Frederick Ave. St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
15	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Harrison

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Andrathy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mae C. Dowling
(Address) 4710 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec. 9th. 1937

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St.

20. FILED DEC 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937, to Dec 5, 1937.

I last saw her alive on Dec 4, 1937. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1937
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward J. Mullen, M. D.

(Address) 682 Washington Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41543

CERTIFICATE OF DEATH

186-2

F 41543

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. C. H. Winter

If U. S. Veteran specify WAR

(a) Residence: No. 502 N. Castle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Winter

6. DATE OF BIRTH (month, day, year) Oct 6- 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Winter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Anne Watson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Dorothy Winter

(Address) 502 N. Castle st

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Mem. Date Dec 7 . 19 37

19. UNDERTAKER Philip Herwig Sons

(Address) 216 Orleans St.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Extra Cranial hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 12 3 . 1937

Where did injury occur? Somewhere near 500 N. Castle St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell off steps & struck

Nature of injury Head against pavement

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 E. North Ave.

DEC 7 1937

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INSTRUCTIONS: TYPEWRITE OR PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41544

CERTIFICATE OF DEATH

46-F 41544

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Hospital St.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Huttmann

If U. S. Veteran specify WAR

(a) Residence: No. 209 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 9 1878

7. AGE: Years 59 yrs. | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Frederick Huttmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Roeke

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Elder

(Address) 724 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cem. Date Dec 9/37

19. UNDERTAKER: Philip Henrig Sons

(Address) 2614 Eastern Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6 - 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 - 37 to Dec 6 - 37

I last saw him alive on Dec 5 - 37 Death is said to have occurred on the date stated above, at 10½ Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma Lead Pancreas	1936
Other contributory causes of importance: Ost. Jaundice (6 wks)	2 days
Post. Operative Hemorrhage	1

Was an operation performed? Yes Date 12/4/37

For what disease or injury? Obstructive Jaundice

Name of operation: Cholecysto-duodenostomy Date of 12/4/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Geyer M. D.

(Address) 156 N. Milton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

MAFFEI

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41545

CERTIFICATE OF DEATH

94-B F 41545

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Harford Ave. St., 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Joseph Maffei

If U. S. Veteran specify WAR

(a) Residence: No. 1709 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 26, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward A. Maffei

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary E. Schimmel

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Margaret E. Flaherty
(Address) 1701 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cemetery Date Dec 9 1937

19. UNDERTAKER Chas. G. Black
(Address) 747 N. North ave

20. FILED DEC 7 1937 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1918 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

M. D. B 1268-9

F 41546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41546

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Dorsey

U.S. Veteran (specify WAR)

(a) Residence: No. 1232 N. Gay Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Dorsey

6. DATE OF BIRTH (month, day, year) Aug. 24 1875.

7. AGE Years	Months	Days	If LESS than 1 day, ... or 1 mth.
62	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John T. Pearce

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Anna E. Smith

16. BIRTHPLACE (city or town) (State or country) (Unknown)

17. INFORMANT Thomas L. Pearce (Brother)

(Address) 1232 N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Dec. 8th, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1625 Harford Avenue

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased, held an Inquest thereon and from the evidence obtained by said Inquest (or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schlenker Coroner M. D.

(Address) 1919 E. North Ave.

Vs c

DEC 1937

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41547

CERTIFICATE OF DEATH

59 F 41547
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Ellamont St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Zentgraf

(a) Residence: No. 10 N. Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Zentgraf

6. DATE OF BIRTH (month, day, year) November 16, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	-	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles S. Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George W. Massel
(Address) 10 N. Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern Cem. Date Dec. 9 1937

19. UNDERTAKER Jos. B. Cook
(Address) 1005 E. Baltimore St.

20. FILED ... Registrar

DEC 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1937, to December 5, 1937
I last saw her alive on Dec 5, 1937 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1904
Other contributory causes of importance: Cerebral Thrombosis (Right post)	11/27/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Herman F. Kleinman M. D.

(Address) 6 E. Biddle St.

VS 3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1248-9

F 11548

F 11548 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital 108

CITY OF BALTIMORE: (No. Wilkens Ave St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Jessie Wanko

(a) Residence: No. 784 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) Nov 5 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 2nd 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Penna

FATHER

13. NAME John Tuttle

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Wm Wanko

(Address) 1217 James St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Dec 9th 1937

19. UNDERTAKER Charles P Towell

(Address) 2727 Edmondson Ave

20. FILED Dec 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 1937

22. I HEREBY CERTIFY, That I attended deceased from December 3 1937 to December 6 1937

I last saw her alive on December 6 1937 Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia left lower lung c	
Bronchopneumonia	11-1-37

Other contributory causes of importance:

Chronic Bronchitis c	?
Bronchial Asthma	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F O Shumaker M. D.

(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41549

CERTIFICATE OF DEATH

F 41549

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Smith

If U. S. Veteran specify WAR

(a) Residence: No. 606 N. Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Smith

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Smith

(Address) 606 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 7, 37

19. UNDERTAKER Mrs Kodie R Williams

(Address) 322 N Schroeder St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937 to Dec 3, 1937

I last saw her alive on Dec 3, 1937 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8 days
Hypertensive Cardio Vascular Disease	?

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state why.

(Signed) S. Edwin Muller M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 41550 02

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41550

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 17-1 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Baby Street — If U. S. Veteran specify WAR ____

(a) Residence: No. 406 Druid Hill St., Ave Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) 11/25/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Braxton Street

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Gertrude Harrison

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL DEC 7 - 1937

Place ____ 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937 to Dec 3, 1937

I last saw h alive on Dec 3, 1937 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Weston M. Kelsey M. D.

(Address) Johns Hopkins Hosp

Dr Kelsey

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

DEC 7 - 1937

3670

F 41551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41551

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hasick Wordzun

If U. S. Veteran specify WAR

(a) Residence: No. Stemmers Run St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 10/23/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	6 wks 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ed. Wordzun

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Selma Johnson

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Reeners

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL DEC 7 - 1937 19

COMMISSIONER of Health

19. UNDERTAKER

(Address) For 2 hours

20. FILED ..... 19 ..... Registrar.

V9 3

36063

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12. 1937 to Dec. 2 . 1937

I last saw him alive on Dec 2 . 1937 Death is said to have occurred on the date stated above, at 3 45 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Nov 4th

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thos. H. Haviland M. D.

(Address) Johns Hopkins Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41552

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethan Carter

If U. S. Veteran specify WAR

(a) Residence: No. 1205 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unk.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL DEC 7 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ..... 19 .....

Registrar.

DEC 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1937 to Dec 3 1937

I last saw him alive on Dec 3 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	1935
Pericardial renal disease	
Other contributory causes of importance:	
None	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Exploratory

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lewis De Carr M. D.

(Address) 720 Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16

✓ F 41553

F 41553 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Chesnut Ave Sta. 13-6 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah F. Wilson

(a) Residence: No. 3419 Chesnut Avenue Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of William H. Wilson

6. DATE OF BIRTH (month, day, year) Sept 2 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Alexander Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Sarah F. Day

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Sarah F. Wilson

(Address) 3419 Chesnut Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 7 1937

19. UNDERTAKER A. S. Marshall

(Address) 2539 Falls Road

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1937 to Dec 6 1937

I last saw her alive on Dec 5th 1937 Death is said to have occurred on the date stated above, at 1:25 A m.

The principal cause of death and related causes of importance were as follows:

Labar Pneumonia — Date of onset 11/24/37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jean Dieterich M. D.

(Address) 846 W 36 Pl - Balto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. VITAL STATISTICS PERMANENT RECORD.

C 7 - 1937

F 41554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41554

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 154 CC Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME McAllister Baby Girl

(a) Residence: No. 1206 Towson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 6-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 hours 25 Minutes	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter McAllister

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Rhell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rose McAllister

(Address) 1206 Towson St.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL DEC 7 - 1937 19

Commissioner of Health City

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED DEC. 7 - 1937 19 PK Registrar.

3674

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 8 Months Died in Hospital	2 hours 25 Minutes
Not born in Hospital	

Other contributory causes of importance:

Not having Medical attention.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Bond St.

INSTRUCTIONS.—TYPEWRITE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41555

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Holbrook Street St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delia K. Caulfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 1614 Holbrook Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael F. Caulfield

6. DATE OF BIRTH (month, day, year) Feb. 15th, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Malloy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Francis Caulfield (Son)

(Address) 1614 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Harford Rd. Date Dec. 9th, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1937. to Dec 5 1937.

I last saw her alive on Dec 4. 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis with Decompensation	1932?
arterial Hypertension	?
Other contributory causes of importance:	
arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, where? .....

(Signed) William F. Geraghty M. D.

(Address) 106 Biddle St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 9 1937

17

HEALTH DEPARTMENT—CITY OF BALTIMORE

41556

41556

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 block N. Broadway St., E. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John D. Byrne

(a) Residence: No. 2741 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Byrne

6. DATE OF BIRTH (month, day, year) Jan. 11 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John D. Byrne

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Shotter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ellen Byrne

(Address) 2741 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Date Dec. 8 19

19. UNDERTAKER John H. Miller

(Address) 2334 Jefferson St.

20. FILED 19 ;

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and from (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

V S 6

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41557

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Clarke

If U. S. Veteran specify WAR

(a) Residence: No. 1238 E. Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hessey

6. DATE OF BIRTH (month, day, year) 1/1/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Bryan Clarke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Fagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Clarke

(Address) 1238 E Lafayette Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. 12/8/37 19

19. UNDERTAKER George J Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1937 to Dec 5 1937

I last saw him alive on Dec 5 1937 Death is said to have occurred on the date stated above, at 12 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	?
Other contributory causes of importance Metastasis to Liver	?
Secondary Anemia	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 41558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41558

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 15-S

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vetta Dorf

If U. S. Veteran specify WAR

(a) Residence: No. 3103 Garrison Blvd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Osias Dorf

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Morris C. Reinstein

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Ida.

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Dr H. J Dorf

(Address) 3103 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL New York Cty - New York Date Dec 7 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED ..... 19..... Registrar.

C 1937

V83

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1937 to Dec. 7 1937

I last saw her alive on Dec. 7 1937 Death is said to have occurred on the date stated above, at 10:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular renal disease	?
Cardiac decompensation	Oct. 1937 ?

Other contributory causes of importance:

Diabetes mellitus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Abel Schwartz M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

41559

HEALTH DEPARTMENT—CITY OF BALTIMORE

41559

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Chesley Ave St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Rosenthal

If U. S. Veteran specify WAR

(a) Residence: No. 3008 Chesley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas E Rosenthal

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Hanna

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT H. Edward Rosenthal
(Address) 3008 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 12-11 1937

19. UNDERTAKER Wm. E. Bailey Inc.
(Address) 131 E. Preston St

20. FILED DEC 10 1937 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9- 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

... If so, specify ...

(Signed) ... M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41560

HEALTH DEPARTMENT—CITY OF BALTIMORE

41560

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Hess

If U. S. Veteran specify WAR

(a) Residence: No. Fallston Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie V. Hess

6. DATE OF BIRTH (month, day, year) Aug 7 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Dec 37

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME George Hess

14. BIRTHPLACE (city or town) (State or country) Forest Hill Harford Co Md

MOTHER

15. MAIDEN NAME Annie Pepples

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harry J. Hess
(Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL
Place Goodwill Cem Date Dec 10

19. UNDERTAKER L. Gilbert Kerr
(Address) Jarrettsville Md

20. FILED ..... 19 .....
Registrar.

DEC 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 19 .. to Dec 7 1937

I last saw him alive on Dec. 7 1937 Death is said to have occurred on the date stated above, at 5 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	12-3-37

Other contributory causes of importance:

Uremia
Acute Myocardial failure

Was an operation performed? Yes Date of 12-5-37

For what disease or injury? Strangulated Inguinal Hernia

Name of operation Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Irvin A. Klemkamp M. D.

(Address) Md. Gen. Hosp

Enter items as carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41561 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 41561

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Mays.

If U. S. Veteran specify WAR

(a) Residence: No. Parkton Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R Mays

6. DATE OF BIRTH (month, day, year) Dec. 0 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER

13. NAME Francis Donaldson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah May Trumbaugh

16. BIRTHPLACE (city or town) (State or country) Parkton, Md

17. INFORMANT Wm. R. Mays

(Address) Parkton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel, Balto Co. Date Dec. 10 1937

19. UNDERTAKER Wm. C. Burgess & Son

(Address) Sparks

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937 to December 7, 1937

I last saw her alive on December 7, 1937 Death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

Right Lung Abscess with Pneumonitis — Date of onset 11/21/37

Other contributory causes of importance:

Laparotrachelotomy

Was an operation performed? Yes Date of November 19, 1937

For what disease or injury? Pregnancy - Cephalo-pelvic disproportion

Name of operation Laparotrachelotomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Gilson J. Wells, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41562

41562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Collington ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. specify

2. FULL NAME Eugene B. Behrns No Record

(a) Residence: No. 127 N. Collington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) June 5, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ella Behrns

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Pearl Behrns

(Address) 127 N. Collington ave.

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date Dec 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

20. FILED — — . 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Chenby . M. D.

Coroner

(Address) 1918 E. North ave

VS 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41563

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Emma Ahler — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1640 Thomas Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John C. Ahler

6. DATE OF BIRTH (month, day, year) Oct 31st 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Porters Pa.

FATHER

13. NAME John Stevens
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rose Hoff
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John C. Ahler
(Address) 1604 Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 10th 37

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/24/37. 19 ... to 12/1/37. 19 ...

I last saw h[illegible] alive on 12/7/37 19 ... Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis.	
Other contributory causes of importance: Myocardial insufficiency, Auricular fibrillation, Acute Carditis (Acute)	11/6/37

Was an operation performed? Yes Date of 11/23/37

For what disease or injury? Thyrotoxicosis

Name of operation Thyroidectomy (3rd stage)

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis M. Lurie, M. D.

(Address) 1213 Light St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V53

DEC 8 - 1937

F 41564

338060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41564

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-8 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edwin Stokes

If U. S. Veteran specify War No. Record

(a) Residence: No. 728 S. Durham St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
M	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or Wife of)~~ Elizabeth Stokes

6. DATE OF BIRTH (month, day, year) 4-20-56

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Samuel Stokes

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Record JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date 12/9/37

19. UNDERTAKER Wm. Cook (Address) 1-19 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1937 to Dec 6, 1937

I last saw him alive on Dec 6, 1937. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident (Embolism)	Dec 4
Other contributory causes of importance:	
Hemiplegia Right Arm & Leg (Left)	Nov 28

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Alley Crosby M. D.

(Address) Johns Hopkins Hospital

VS 2

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41565

HEALTH DEPARTMENT—CITY OF BALTIMORE 41565

CERTIFICATE OF DEATH

97-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N Linwood St., L-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Kleinle

If U. S. Veteran specify WAR .....

(a) Residence: No. 426 N Linwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 4 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Kleinle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Heimbeck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Bottinger

(Address) 426 N Linwood

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Dec 8 19 37

19. UNDERTAKER John Ulrich & Sons

(Address)

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937, to Dec 6, 1937

I last saw h[illegible] alive on Dec 5 - 3.00 p. Death is said to have occurred on the date stated above, at 5-7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Other contributory causes of importance: Ch. Valvular Heart Dis	?
Broncho Pneumonia	11-27

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C H Meyer M. D.

(Address) 1500 E 33rd St

DEC 8 1937

V83

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41566

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 531 N. Potomac St. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia Ruth Smith

If U. S. Veteran specify WAR

(a) Residence: No. 531 N. Potomac St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 23-1937

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	0	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward F. Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jeanette Hartlove

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward F. Smith

(Address) 531 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Dec 8 1937

19. UNDERTAKER John Ullrich & Sons

(Address) Greet Cem.

20. FILED . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenning, M. D.

Coroner

(Address) 1918 E. North Ave.

V S 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41567

HEALTH DEPARTMENT—CITY OF BALTIMORE 41567

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S Clinton St. 26-11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Harry Gunther

If U. S. Veteran specify WAR

(a) Residence: No. 822 S Clinton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Gunther

6. DATE OF BIRTH (month, day, year) Jan - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M S H

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Henry Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Mack

(Address) 822 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Dec 8 1937

19. UNDERTAKER John Ulrich

(Address) 2002 Arlington Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec 6, 1937

I last saw h.. alive on Dec 5 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Dec 5, 1937
Cardiac Nephritis Decompensation	

Other contributory causes of importance:

Coronary Artery Disease	Dec 1936
Coronary Thrombosis	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Physical sign. Cardiogram

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank H Martin M. D.

(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41568

41568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Walpert ave 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ann Shelley

If U. S. Veteran specify WAR

(a) Residence: No. 631 Walpert ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Feb. 7, 1936.~~

6. DATE OF BIRTH (month, day, year) Feb. 7, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Shelley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy J. Gerwig

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Dorothy Shelley

(Address) 631 Walpert ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mordant Park Date 12/8 1937

19. UNDERTAKER Richard F. Gurley

(Address) 700 E. North ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease (Patent foramen ovale)	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schaeffer M. D. Coroner

(Address) 1919 E. North Ave

INFORMATION SHOULD be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

V S 6

F 41569 F 41569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Vine St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 818 Vine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elbert Murray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lissie Shore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rosse Murray

(Address) 1032 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 8, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. H. Mellon M. D.

Coroner

(Address) 2757 N Howard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 41570

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41570

CERTIFICATE OF DEATH 28321 VS 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Roe

If U. S. Veteran specify WAR

(a) Residence: No. 702 W. Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-6-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Roe

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Date Dec 8 1937

19. UNDERTAKER Albert W Gregory
(Address) 440 E North Ave

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to December 3, 1937

I last saw him alive on December 3, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-1-37

Other contributory causes of importance:

Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Q. A. Santelli, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Va 3

DEC 3 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

2726
F 41571

CERTIFICATE OF DEATH

94-3 F 41571

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 N. Pulaski St. 15-H Ward)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rachel Polanstky

If U. S. Veteran specify WAR .....

(a) Residence: No. 1911 N Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ruben

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Greenblatt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ike Polanstky
(Address) 2800 Edgecombe Circle

18. BURIAL, CREMATION, OR REMOVAL
Place New Mount Lebanon Date Dec 8 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. North ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937, to Dec 7 1937

I last saw her alive on Dec 7 1937. Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-7-37
Arteriosclerosis	uncertain

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Hightstein, M. D.

(Address) 2726 Penna. Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Amey

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41572 — 45-F — F 41572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Dargeant St. 21 - Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Robert Amey

If U.S. Veteran specify WAR

(a) Residence: No. 1324 Dargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary E. Amey

6. DATE OF BIRTH (month, day, year): Dec. 21. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ol

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William Amey

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Rebecca Amey

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Mr Rupert A. Amey Jr. 1324 Dargeant St

18. BURIAL, CREMATION, OR REMOVAL. Place: New Cathedral Date: Dec. 10 37

19. UNDERTAKER (Address): A. W. Peregoy 440 E. North Ave.

20. FILED ... Registrar

DEC 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 7 1937

I last saw h— alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 6 A m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pharynx. — Date of onset

Other contributory causes of importance:

Arteriosclerosis

No

Was an operation performed? — Date of —

For what disease or injury?

Clinical Findings. Biopsy at Mercy Hospital

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louise Kloeckner M.D.

(Address) 76 Washington Ave Balt

F 41573

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41573

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 N. Bruce St. 15-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna M. Young

If U. S. Veteran specify WAR .....

(a) Residence: No. 1428 Bruce St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife (at home)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (Years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

MOTHER

15. MAIDEN NAME Eliz. Young

16. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

17. INFORMANT George Young (Address) 1428 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date 12/9/37

19. UNDERTAKER T. E. Kelson (Address) 1303 Presstman St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/37

22. I HEREBY CERTIFY, That I attended deceased from 12/4/37 to 12/6/37

I last saw her alive on 12/6/37. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T-B	6/1/37

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state .....

(Signed) J. B. Hurt Kinsey M. D.

(Address) 1600 Fawcett St.

V6 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41574

CERTIFICATE OF DEATH

92-61

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1711 Mosher St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fern Wilson Tillett

(a) Residence: No. 1711 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Bertha Tillett

6. DATE OF BIRTH (month, day, year) May 1, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coast Guard Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Terry Tillett

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ellen Tillett

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Alfred Fern Tillett

(Address) 1711 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Manteo, N. C Date 12/11, 19 37

19. UNDERTAKER T. G. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Dec 7, 1937

I last saw him alive on Dec 5, 1937. Death is said to have occurred on the date stated above, at 1130 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Williamson Ray, M. D.

(Address) 928 Penna Ave.

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41575

41575 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41575

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga St.) 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Schweikert

If U. S. Veteran specify WAR

(a) Residence: No. 3110 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schweikert

6. DATE OF BIRTH (month, day, year) Jun 29, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Schweikert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Laura Liman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 8. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander

(Address) Baltimore & Broadway

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/2/37 to 12/4, 1937

I last saw him alive on 12/4, 1937 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/2/37
Other contributory causes of importance: Respiratory failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 6 - 1937

VS 3

F 41576

F 41576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703-E-22nd St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S. If of foreign birth 74 yrs. 8 mos. 8 ds.

2. FULL NAME Mary Margaretta Booth

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 703-E-22 — St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harry M. Booth

6. DATE OF BIRTH (month, day, year) March 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland.

FATHER

13. NAME J. F. C. Talbott

14. BIRTHPLACE (city or town) (State or country) Timonium Maryland

MOTHER

15. MAIDEN NAME Ann E. Talbott

16. BIRTHPLACE (city or town) (State or country) Timonium Maryland.

17. INFORMANT Mrs H. W. Booth (daughter)

(Address) 703-E-22-St.-City.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 8 1937

19. UNDERTAKER Sherwood Memorial Co.

(Address) 1221 Mt. Royal Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Dec 5 1937

I last saw h.. alive on Dec 5 1937 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Multiple adenitis (T.B.) — Duration 5 months

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. Oct 1937

For what disease or injury? Tuberculous adenitis

Name of operation Removal glands, Incision

What test confirmed diagnosis? Clinical & Microscopic? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Frazier M. D.

(Address) 140 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V53

Dec 1937

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41577 — CERTIFICATE OF DEATH — F 41577

1. PLACE OF DEATH: University Hospital — Registered No.

CITY OF BALTIMORE: (No. X St., 4-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Samuel Doubleday Odell — If U. S. Veteran specify WAR

(a) Residence: No. Woodlawn St., Rockdale Md Ward. Balto Co
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Bertha Sophia Odell

6. DATE OF BIRTH (month, day, year): Sept 2, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Poole Houndry & Mach. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Walter Geo. Odell

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Charlotte N. Doubleday

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mrs Bertha S Odell Rockdale Md

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Pavon Cem Balto Co. Date Dec. 10 1937

19. UNDERTAKER (Address): Wm Wisteiger Sons North & Paca

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, that I last saw deceased on Dec 7 1937 and from the evidence obtained by me (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture skull	12/7

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12/7/37

Where did injury occur? (Specify city or town, county, and State) Balto Co Md

Specify whether injury occurred in industry, home, or public place: Highway

Manner of injury: Struck by auto after jitney

Nature of injury: Fracture skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert Woolley Pathologist M. D.
Coroner

(Address) 1217 N Caroline

DEC 10 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41578

I. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hochschild, Kohn & Co. St., 9-6 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Marie Upp

If U. S. Veteran specify WAR

(a) Residence: No. 1917 E. 32nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Park Upp.

6. DATE OF BIRTH (month, day, year) Mar. 29 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Thielk

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. James Park Upp (Address) 1917 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park, Date Dec. 9 1937

19. UNDERTAKER Wm. H. Keyser Sons (Address) North & Pa Aves.

20. FILED , 19 Registrar

DEC 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) G. J. C. Radcliffe M. D. Coroner

(Address) 2757 W. Mosher St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Name should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should

6

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41579

CERTIFICATE OF DEATH.

82-A F 41579

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3405 Grantley Road ST. 15th WARD

2-FULL NAME Rachel Ann (Warnick) Walker.

(a) RESIDENCE. NO. 3405 Grantley Road ST., 15th WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 9. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	28	

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John D Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Sarah Ann Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co.

14 Informant: Martha G. Walker (Address) 3610 Westerdale Road

15 Filed . 19 Registrar

DEC 8 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7. 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1927. to Dec 7. 1937.

that I last saw her alive on Dec 7. 1937.

and that death occurred, on the date stated above, at 4 P M.

THE CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

11 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Charles L Warner M. D.

. 19 (Address) 3317 Egerton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Dec. 10, 37

20 UNDERTAKER: Wm J Fletcher and Son ADDRESS Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificate.

F 41580 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41580

CERTIFICATE OF DEATH

12677--C 95-B

Registered No. 8-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME Clinton D. Dorsey or Clinton O. Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 2632 E. Hoffman St., ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine B. Dorsey

6. DATE OF BIRTH (month, day, year) 10-6-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker in M.K.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Caleb Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz. R. Gardner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lutheran Cemetery Baltimore Md. Date Dec 9 1937

19. UNDERTAKER William E. Doe (Address) 2224 N. Charles St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to December 6, 1937

I last saw him alive on December 6 1937. Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Years
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santillo M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41581

CERTIFICATE OF DEATH

82-T 41581

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Roland Ave. St. 27-14 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Cheever Blaser

If U. S. Veteran specify WAR

(a) Residence: No. 610 Somerset Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Frederick E. Blaser

6. DATE OF BIRTH (month, day, year) 9/22/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~retired~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Jos. W. Cheever

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Maria Blackie

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Mrs. Eliz. B. Robinson
(Address) 501 Cloverhill Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy. Date 12/9/37

19. UNDERTAKER John O. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1937 to Dec-6- 1937

I last saw her alive on Dec-5- 1937. Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	10, 10, 37
Cerebral Hemorrhage	12-19-37
Cerebral Hemorrhage Left Hemiplegia	12, 5, 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Subsequent Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Kibran Porter M. D.

(Address) 4822 Roland Ave

VS. 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41582

CERTIFICATE OF DEATH

92-aF 41582

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Granby St. 3-7 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charley Cohen

(a) Residence: No. 1028 Granby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Samuel Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Holman Cohen Son
(Address) 1028 Granby

18. BURIAL, CREMATION, OR REMOVAL
Place Sharon Mem Pk 12-8-37

19. UNDERTAKER Levy Bros
(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 37 to Dec 7 37 19

I last saw h alive on July 1 37 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	7/1/37

Other contributory causes of importance.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William J. Rayner M. D.

(Address) 801 Mt Vernon Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 8 1937

Vo 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41583 12/1 F 41583

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. H-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hyde

If U. S. Veteran specify WAR

(a) Residence: No. 5 Stemmers Run St., Ward. Balto., Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 21 - 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Penna.

FATHER

13. NAME Richard Hyde

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Anna Gorman

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Elizabeth Hyde
(Address) Montrose Ave. Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 12/9 1937

19. UNDERTAKER John S. Connelly
(Address) Essex Md.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 2 1937 to December 7 1937

I last saw h. alive on December 7 1937 Death is said to have occurred on the date stated above, at 2-20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	12/1/37
Peritonitis	12/2/37

Other contributory causes of importance:

Constipation Hypertrophy	?
Urinary retention	12/2/37

Was an operation performed? Yes Date of 12/3/37

For what disease or injury? Appendicitis & Urinary retention

Name of operation Supra-pubic cystotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernest A. Dagg M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 41584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41584

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital, 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Conrad L. Calhlander

(a) Residence: No. Essex Ave St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 21 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Bernard Smith

14. BIRTHPLACE (city or town) (State or country) Minneapolis Minnesota

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

17. INFORMANT Bernard Smith

(Address) Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec. 9th 1937

19. UNDERTAKER Thos. S. Connelly

(Address) Essex Md.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Larynx – trachea – bronchitis	

Other contributory causes of importance:

Laryngeal obstruction

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl Schenker, M. D. Coroner

(Address) 1912 North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 41585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41585

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 6701 Railway Ave St., 26 Ward)

Registered No. 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emilio Musciano

If U. S. Veteran specify WAR

(a) Residence: No. 6701 Railway Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Musciano

6. DATE OF BIRTH (month, day, year) April 6-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Dec 6-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pescara Italy

FATHER

13. NAME Carmine Musciano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME (Not Known)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Gilbert Musciano

(Address) 6701 Railway Ave.

18. BURIAL, CREMATION, OR REMOVAL

Sacred Heart of Mary Date Dec 9 1937

19. UNDERTAKER J. Wm. F. Denny

(Address) 715 Light St

20. FILED DEC 9 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	Dec. 6 1937
Other contributory causes of importance: No Autopsy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elias. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V S 6

F 41586

HEALTH DEPARTMENT—CITY OF BALTIMORE

41586

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3646 Hanover St. 25-4 50 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza R Kruse

If U. S. Veteran specify WAR

(a) Residence: No. 3646 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest a Kruse

6. DATE OF BIRTH (month, day, year) Jan 11 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Mrs Ernest A Kruse
(Address) 3646 Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 10 1937

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1937 to Dec 6 1937

I last saw her alive on Dec 6 1937 Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the right breast	unknown

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Samuel Rubin M. D.
(Address) 203 Calhoun ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

DEC 8 1937

V8 2

F 11587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11587

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 27-2 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yr. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Michael Malloy

If U. S. Veteran specify WAR

(a) Residence: No. 2823 Montebello Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) Apr 25-1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lawrence Malloy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Kirkland

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT (Address) Mary A. Malloy 2823 Montebello Ter.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec 10 1937

19. UNDERTAKER Leonard J. Rusk (Address) 530 Hanford Rd

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from October 26 1937 to Dec 7 1937

I last saw him alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 12½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with decompensation	2 mo
Chronic nephritis	?
Hypertension	?
(Other contributory causes of importance)	
Arteriosclerosis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E. Pendleton M. D.

(Address) St. Joseph Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 41588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41588

CERTIFICATE OF DEATH

92-a oc

Registered No. 1872

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2908 O, Donnell St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Kenny

(a) Residence: No. 2908 O, Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ethel Riggin (daughter) (Address) 2900 O Donnell St.

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL DEC 8 - 1937
Place Date 19
Commissioner of Health
City

19. UNDERTAKER Per H. J. Moore
(Address)

20. FILED 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1 year
Dropsy, Diabetes, Arteriosclerosis	Approx. Many yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec 1937

Med

F 41589

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41589

CERTIFICATE OF DEATH

(25892) MP

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Telesfor Urdakowski

If U. S. Veteran specify WAR

(a) Residence: No. NO HOME St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Julia

6. DATE OF BIRTH (month, day, year) Nov. 18, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lee

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Grochulska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart of Mary Date Dec 9 1937

19. UNDERTAKER Fred W. Brazenor

(Address) 1900 Eastern Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1937, to December 6, 1937

I last saw him alive on December 6, 1937. Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauttle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

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HEALTH DEPARTMENT—CITY OF BALTIMORE

41590 F 41590

CERTIFICATE OF DEATH

24-4 93-C

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1621 Covington St. St., ... Ward)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph J. O'Neill

If U. S. Veteran specify WAR .....

(a) Residence: No. 1621 Covington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie W. O'Neill

6. DATE OF BIRTH (month, day, year): Jan. 23 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired R. R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R. R.

10. Date deceased last worked at this occupation (month and year): 07

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John O'Neill

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Lemmon

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Annie W. O'Neill
(Address): 1621 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place London PK Date 12/10 1937

19. UNDERTAKER: I. Frew McCully
(Address): 130 E. Fort Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1937, to Dec 7, 1937

I last saw ... alive on Dec 7, 1937. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria sclerosis with	
Hypertension	May 1937
Chronic Myocarditis	" "

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Sidney H. Streett M. D.

(Address) 421 E Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41591

CERTIFICATE OF DEATH

13158 JS. F 41591

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-2-107 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Arthur

If U. S. Veteran specify WAR .....

(a) Residence: No. 911 E. Lombard St. St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2-3-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edwin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Reed

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 12-8 1937

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St

20. FILED DEC 8 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to December 3, 1937

I last saw him alive on December 3, 1937. Death is said to have occurred on the date stated above, at 6 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-1-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lantella M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 341592 260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41592

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-4 Ward) 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Johnson Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 622 Aull St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Colored (Negro)

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) [illegible] 1931

7. AGE: Years 6 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Robert-

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna May Hozel

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Dec 7 1937

19. UNDERTAKER Adolphus Talbert
(Address) 838 Druid Hill Ave

20. FILED [illegible] 19..... Registrar

GHC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1937 to Dec 6 1937

I last saw him alive on Dec 6 1937. Death is said to have occurred on the date stated above, at 8-30 p m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis of Lungs, Spleen, liver, Kidneys, etc.

Date of onset Sept 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James A. Hurley M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

41593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41593

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Edwards

If U. S. Veteran specify WAR

(a) Residence: No. Pylesville, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 31, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	10	87	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeler, Texas

FATHER

13. NAME Glyn Edwards

14. BIRTHPLACE (city or town) (State or country) Alleghand Co. North Carolina.

MOTHER

15. MAIDEN NAME Cornie Helton

16. BIRTHPLACE (city or town) (State or country) Miller Co. Missouri

17. INFORMANT mother (Address) Pylesville, Md.

18. ~~BURIAL, CREMATION~~ REMOVAL Place Darlington, Md. Date Dec, 8, 1937

19. UNDERTAKER H. S. Bailey (Address) Darlington, Md.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1937 to December 8th 1937

I last saw him alive on December 8th 1937 Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Nov. 23
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry S. Gimbel M. D.

(Address) Lydenham Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1937

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F 11594

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 11594

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S Calhoun St., 19-3 Ward) 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 324 S Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Mrs Edna Stevens

6. DATE OF BIRTH (month, day, year) Dec 6 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	55	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mellowgat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME Levering Stevens

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME Ella Cromwell

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Mrs Edna Stevens

(Address) 324 S Calhoun St

18. BURIAL, CREMATION, OR REMOVAL London Park Date 12-9-37

19. UNDERTAKER Geo. E. Fokey

(Address) Fulton & Fayette

20. FILED ... 19... Registrar.

DEC 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Month 1, 1937 to Dec 5, 1937

I last saw him alive on Dec 1, 1937. Death is said to have occurred on the date stated above, at 4:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Pulmonary Hemorrhage	12-5-37
Other contributory causes of importance: Pulmonary Tuberculosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Rocman M. D.

(Address) 206 S. Gilmor Street

OCCUPATION is very important. See instructions on back of certificate.

41595 F 41595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Eutaw Ave 27-8 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Vernon Mackenzie

If U. S. Veteran specify WAR .....

(a) Residence: No. 716 Eutaw Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Norbury Mackenzie

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lucy Emory

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Cosmo F. Mackenzie
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Dec 9 1937

19. UNDERTAKER Henry W Jenkins Son & Co
(Address) Edmondson Ave & Mt Calvert St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1937 to Dec 7 1937

I last saw h.. alive on Dec. 6 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/1/37
Other contributory causes of importance: Acute heart failure.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm D Kemp M. D.

(Address) 701 N. Fremont Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

DEC 8 - 1937 Huntington Williams, M.D.

41596 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41596

CERTIFICATE OF DEATH

87-B #28577 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Kluth

If U. S. Veteran specify WAR

(a) Residence: No. 3822 Fernhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 9/28/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Dec 9 1937

19. UNDERTAKER Harry R. Amacher
(Address) 4204 Rodgwood Ave

20. FILED 1937 Registrar.

Huntington Printing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937, to December 6, 1937

I last saw him alive on December 6, 1937. Death is said to have occurred on the date stated above, at 6:21 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-3-37
Other contributory causes of importance: Parkinsonism (Chronic encephalitis)	about 4 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. DeSautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 41597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41597

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 E. Pratt St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Fava Culotta

If U. S. Veteran specify WAR

(a) Residence: No. 914 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pasquale Culotta

6. DATE OF BIRTH (month, day, year) April 10, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvator Fava

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Josephine Bonano 44 Albemarle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 9 1937

19. UNDERTAKER (Address) Frank V. Bufalino 2018 E. Baltimore St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1937, to 12-7, 1937

I last saw her alive on 12-7, 1937. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old age -	Several years
arteriosclerosis	
Hypertension	
Chronic Valvular disease	2-73-
Other contributory causes of importance:	
acute pulmonary oedema	2 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Dr. Bonasso M. D.

(Address) Medical Art Bldg.

OCCUPATION is very important. See instructions on back of certificate.

63 1937

H

F 41598 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41598

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4416 Raspe Ave. St. 26-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 81 yrs. ... mos. ... ds.

2. FULL NAME ELIZABETH ULRICH LAWRENCE

If U. S. Veteran specify WAR .....

(a) Residence: No. 4413 Raspe Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Lawrence

6. DATE OF BIRTH (month, day, year) July 14.1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Nicholas Ulrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elsie E. Brockman (Daughter)

(Address) 4413 Raspe Ave.

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's Cem. 5th Ref. Dec. 9. 1937
Place Date

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander

(Address) Baltimore & Broadway.

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6. 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 19 37 to Dec 4 19 37

I last saw h. alive on Nov 4 19 37 Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Acute Cardiac Dilatation	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Grover C Ulrey M. D.

(Address) 2706 Lenderman

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VA 3

F 41599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41599

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem'l Hospital St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1/2 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Maud Farrow Sands

If U. S. Veteran Specify WAR NONE

(a) Residence: No. (Woodbrook Ballclo.) St., — Ward. Woodbrook Ballclo.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank N. Sands

6. DATE OF BIRTH (month, day, year): Nov-3-1870

7. AGE: Years 67 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Snow Hill Maryland

FATHER

13. NAME: William H. W. Farrow

14. BIRTHPLACE (city or town) (State or country): Snow Hill Md.

MOTHER

15. MAIDEN NAME: Alice J. Hubbell

16. BIRTHPLACE (city or town) (State or country): Snow Hill Md.

17. INFORMANT: Mr. F. N. Sands Jr. (son)

(Address) 552 W. University Pky

18. BURIAL, CREMATION, OR REMOVAL

Place: Snow Hill Md Date: Dec-8 1937

19. UNDERTAKER: Stewart Warner Co.

(Address) 108 W. North Ave.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

340 AM

21. DATE OF DEATH (month, day, year): 12/8-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/7 . 1937

Where did injury occur? Chas St & Woodbrook Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or public place: Highway

Manner of injury: Hit & Run driver

Nature of injury: Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert M. Gurley Coroner M. D.

(Address) 902 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V 8 6

41600 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41600

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth 60 yrs. 2 mos. 23 ds.

2. FULL NAME Elizabeth B. Stansbary

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2113 Kelly Ave., St., Ward. Mt. Washington, Md.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benj. A. Stansbury

6. DATE OF BIRTH (month, day, year) Sept. 14, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year) 1 June 1937

11. Total time (years) spent in this occupation about 25 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Henry N. Bankard

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Carolyn A. Horn

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Clara B. Landram (sister)
(Address) 2113 Kelly Ave., Md

18. BURIAL, CREMATION, OR REMOVAL
Florence Cemetery Date Dec. 10 37

19. UNDERTAKER Stuart Simmons Co.
(Address) 108 Cathedral.

20. FILED DEC 8 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1937, to Dec. 8, 1937

I last saw h[illegible] alive on Dec. 8 1937 Death is said to have occurred on the date stated above, at 2½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast, left	1926 approx
Recurrence of carcinoma on operative site	1936

Other contributory causes of importance:

Was an operation performed? yes Date of 1927

For what disease or injury? Ca of breast, left

Name of operation Amputation of breast, left

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Sidney Gelman, M. D.
(Address) Union Memorial Hosp.

H

See instructions on back of certificate.

F 41601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41601

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Hugo av. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Hazelip

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2705 Hugo av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond B. Hazelip

6. DATE OF BIRTH (month, day, year) April 10, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Harry Gunnison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fuzzard Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Raymond B. Hazelip

(Address) 2705 Hugo av

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/9 1937

19. UNDERTAKER William Cook

(Address) 1219 E Fort Av

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to Dec 6, 1937

I last saw h[illegible] alive on Dec. 6, 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2 d.
Arteriosclerosis	6 mos
Hypertension	6 mos
Other contributory causes of importance: Chronic Interstitial Nephritis	6 mos

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Urinalysis + Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F A Sterns, M. D.

(Address) 2878 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

V8 9

F 41602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41602

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Patapsco St., 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Robertson

If U.S. Veteran, specify WAR No Record

(a) Residence: No. 1704 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of David F. Robertson

6. DATE OF BIRTH (month, day, year) Sept 19th 1856

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Zepp

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT R. Robertson

(Address) 1704 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.. .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to Dec 7, 1937

I last saw her alive on Dec 7, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Diabetic Coma	12/4/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12/7/37 (Signed) H. F. Campbell M. D.

(Address) 164 E Hamburg St

INSTRUCTION: It is very important. See instructions on back of certificate.

F 41603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41603

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Eden St. 5-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 406 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Green

(Address) 406 Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Dec 9. 19 37

19. UNDERTAKER John W Henderson

(Address) 130 Asquith St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2- 1937 to 12-7- 1937

I last saw h. alive on 12-6- 1937. Death is said to have occurred on the date stated above, at 12,30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	

Other contributory causes of importance:

Same.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) M. H. Langill M. D.

(Address) 611 N. Caroline St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

41604 F 41604

CERTIFICATE OF DEATH ✓ 46-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Asquith St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella May Alban

If U.S. Veteran specify WAR

(a) Residence: No. 1720 Asquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Glendille Alban

6. DATE OF BIRTH (month, day, year) January 20, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland.

FATHER

13. NAME Joshua T. Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Alban

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George G. Alban
(Address) 1720 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest, Balto. Co. Date Dec. 9, 1937

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED 19 Registrar.

DEC 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to Dec. 7, 1937

I last saw her alive on Dec 7, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1935
Other contributory causes of importance: Metastatic Carcinoma of Liver	1935

Was an operation performed? No Date of Oct. 1935

For what disease or injury? Carcinoma of Rectum

What test confirmed diagnosis? Clinical Operation Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Wolf M. D.

(Address) 1331 E. North Ave

Instructions on back of certificate. This certificate is very important. See

HEALTH DEPARTMENT—CITY OF BALTIMORE

41605

CERTIFICATE OF DEATH 28801 JS

F 41605

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-8 Ward) 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Spresion

If U. S. Veteran specify WAR

(a) Residence: No. 3719 Centre Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina

6. DATE OF BIRTH (month, day, year) Aug 18 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52 ?	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Botler St. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giovani Spresion

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonia ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy. Red. Cem. Date Dec. 11 1937

19. UNDERTAKER Frank Wellgerke

(Address) 52 N. Morley St

Received ... 19... Registrar, H. C.

DEC 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1937, to December 8, 1937

I last saw him alive on December 8, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	12-4-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

LHL

M. D. B 1268-9

F 41606 ♥ Nau NAV F 41606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. 21st St., 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Jane Nau

(a) Residence: No. 116 N. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry K. Nau

6. DATE OF BIRTH (month, day, year) June 24-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	5	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock Hall (State or country) Kent Co. Maryland

FATHER

13. NAME Charles R. Wells

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Lucy Ann

16. BIRTHPLACE (city or town) Rock Hall (State or country) Kent Co. Md.

17. INFORMANT Mrs Rufus Isenhour (Address) New London Northampton Co Pa

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 11 1937

19. UNDERTAKER Maguire Co Dyker (Address) 1600 N. Eden St. Baltimore

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2yr.
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

Dr. Fr Hoff - 2. Charles St

F 41607

41607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1010 W 40th St St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion S. Barthman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1010 W 40th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Barthman

6. DATE OF BIRTH (month, day, year) Dec 12 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph T. Tingling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amanda Corbin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Barthman

(Address) 1010 W 40th St

18. BURIAL, CREMATION, OR REMOVAL

St Mary Cemetery Date Dec 11, 1937

19. UNDERTAKER Chenowith Son.

(Address) 1010 W 40th St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937 to Dec 8, 1937

I last saw her alive on Dec 6, 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
neuro; Sarcoma in abdominal cavity. Origin unknown	10 mo
Other ~~Dry~~ Intestinal Obstruction	Oct 9
Operation	
Partial removal.	

Was an operation performed? Yes Date of Oct 9

For what disease or injury? neuro sarcoma

Name of operation — Date of Oct 9

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Wood M. D.

(Address) 2020 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

F 41608

F 41608 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 4 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara May Falter — If U. S. Veteran specify WAR

(a) Residence: No. 723 East 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Falter

6. DATE OF BIRTH (month, day, year): Aug. 14 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Ernest Bealag

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Worthington

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): John Falter 723 E. 22nd St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Dec 10 1937

19. UNDERTAKER (Address): Rita Wedefield 914 Gunnoduk Ave

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Both Lungs Advanced	18 months
Other contributory causes of importance: Asthenia	years months

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. E. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

U.S.C.

F 11608 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11609

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sussex St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Glass

If U. S. Veteran specify WAR

(a) Residence: No. 508 E. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lou. Glass.

6. DATE OF BIRTH (month, day, year) July 13 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelehem Steel

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation Corp

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Glass

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

17. INFORMANT Lou. Glass.

(Address) 508. E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn. Date Dec 9 1937

19. UNDERTAKER Wendell Hoppes

(Address) 1205. Druid Hill Ave.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1937 to Dec 6, 1937

I last saw him alive on Dec 6, 1937. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Nov 6 1937

Other contributory causes of importance:

Abscess ~~Ulcer~~ in Right Axilla

Was an operation performed? Yes Date of 10/29/37

For what disease or injury? Abscess of right Axilla

Name of operation Incision and drainage

What test confirmed diagnosis? NONE Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Shapiro, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 41610 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41610

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home for Incurables 13-7 82-a Registered No.:

CITY OF BALTIMORE: (No. ..... St., 13-7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 10 mon. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belle De Luce Packie If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced-Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (divorced) John Hartzog

6. DATE OF BIRTH (month, day, year) Jan. 18, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none paid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Alexander Packie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary B. Welsh

16. BIRTHPLACE (city or town) (State or country) ? Massachusetts

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Dec 10 1937

19. UNDERTAKER Wm. J. Rickner & Sons
(Address) Balto & Pa.

DEC 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Dec 7 1937

I last saw h[illegible] alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 3.35 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Cerebral hemorrhage	1932
" "	

Other contributory causes of importance:

Acute pulmonary edema	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Bamford Hoskins M. D.
(Address) 717 Mer Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41611 CERTIFICATE OF DEATH √92-a F 41611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311-E. Lafayette Ave. St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs.~~ 50 years mos. ~~ds.~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 1311-E. Lafayette Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -- -

6. DATE OF BIRTH (month, day, year) 1/24/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME John O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary (Fanning)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Cloud (Sister)

(Address) 1311 E. Lafayette Avenue

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Cem. 12/11/37

Fleet

19. UNDERTAKER George J. Roth Inc.

(Address) 1735 Harford Avenue

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937 to Dec 7, 1937

I last saw her alive on Dec 7, 1937 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Endocarditis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. B. Sylvest M. D.

(Address) 7807 Harford Ave

Dec 9 - 1937

Instructions on back of certificate.

F 41612

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41612

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Hospital of St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Casper Kraft

If U. S. Veteran specify WAR

(a) Residence: No. Hammers Lane, Baltimore, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Agnes Kraft

6. DATE OF BIRTH (month, day, year) July 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

FATHER

13. NAME John Kraft

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Casper Kraft, Jr.

(Address) 266 S. East Ave, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 12-11 1937

19. UNDERTAKER Bernard C. Harle

(Address) 134 E. West St.

20. FILED DEC 9 1937

Registrar

GHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/4/37, 1937, to 12/8, 1937.

I last saw him alive on 12/8 1937 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic myocarditis

Date of onset ?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wesley J. Keller M. D.

(Address) Church Home Hosp.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

41613 F 41613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 210-M

CITY OF BALTIMORE: (No. ..... St., 19 (Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irvin C Mayes

If U. S. Veteran specify WAR .....

(a) Residence: No. Timonium Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Stonesifer Mayes

6. DATE OF BIRTH (month, day, year) 3/16-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): Nov 21/1937

11. Total time (years) spent in this occupation: 33 yr

12. BIRTHPLACE (City or town) (State or country): Phoenix Md

FATHER

13. Name: William McGee Mayes

14. BIRTHPLACE (City or town) (State or country): Phoenix Md

MOTHER

15. Maiden name: Grace Tipton

16. BIRTHPLACE (City or town) (State or country): Phoenix Md

17. INFORMANT (Address): Gordon Brooks Sparks Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cockeysville Date Dec 11 1937

19. UNDERTAKER (Address): Wm. C. Brooks & Son Sparks, Md

20. FILED ..... 19 ..... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8-37 19

22. I HEREBY CERTIFY, That I last attended the deceased from ..... to ..... 19 ..... and that I last saw ..... alive on ..... 19 ..... and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Ribs	12/2
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/2 19 37

Where did injury occur? Phila Road near Elkton Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision between 2 autos

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Gurley Coates M. D. Coroner

(Address) 307 N Aisquith

OCCUPATION is very important. See instructions on back of certificate.

41614

HEALTH DEPARTMENT—CITY OF BALTIMORE

41614

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital St., (Ward) 8

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Bahme

If U. S. Veteran specify WAR

(a) Residence: No. 2307 Virginia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Franklin Bahme

6. DATE OF BIRTH (month, day, year) Dec 20 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jno Klingeling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Antinette

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry A Bahme

(Address) 2307 Virginia St.

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Dec 37

19. UNDERTAKER Geo Ulrich

(Address) 2002 Orleans St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 6 1937

Where did injury occur? 1305 Harford Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Slipped & fell on floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O Henry Carver M. D.

Coroner

(Address) 1216 Broadway

V S 6

OCCUPATION is very important. See instructions on back of certificate.

41615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41615

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Holmes ave. 2-4-59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Lipsitz

If U.S. Veteran specify WAR

(a) Residence: No. 3408 Holmes Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Harry.

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Barkoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Lipsitz

(Address) 3408 Holmes Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Pk Date 12/3/37

19. UNDERTAKER Sol Levinson Bus.

(Address) 1104-1122 No North ave

20. FILED 19

DEC 9 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1937, to Dec 9, 1937

I last saw her alive on Dec 9 19 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Dec 9

Myocarditis

Other contributory causes of importance:

Diabetes

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph A. Curtin M. D.

(Address) 2419 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41616

CERTIFICATE OF DEATH

✓ 131 F 41616

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4338 Glenmore Ave Ft. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Junius Herbert Gary

If U. S. Veteran specify WAR .....

(a) Residence: No. 4338 Glenmore Ave. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Eliza May Gary.

6. DATE OF BIRTH (month, day, year) April 10. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Signal Tower

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Hezekiah B. Gary

14. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va.

MOTHER

15. MAIDEN NAME Mary Susan Bowry

16. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va.

17. INFORMANT (Address) Eliza May Gary 4338 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 10 , 1937

19. UNDERTAKER Chas. B. Cook

(Address) 1300 E. Baltimore St.

20. FILED ..... , 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 , 1937 to Dec. 7. , 1937

I last saw him alive on Dec. 7 , 1937 Death is said to have occurred on the date stated above, at 11.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 29
Chronic Interstitial Nephritis	1935
Uremia	1937
Chronic Myocarditis	1935
Other contributory causes of importance:	
Arteriosclerosis	1930

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Albert J. Armiford , M. D.

(Address) 5444 Belair Rd.

Instructions on back of certificate.

41617

HEALTH DEPARTMENT—CITY OF BALTIMORE

41617

CERTIFICATE OF DEATH

108 28741--KHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 5-1 St., 5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hollins

If U. S. Veteran specify WAR

(a) Residence: No. 22 East St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/4/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Charlotte Gray

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC - 1937

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

DEC 1937

8051 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1937 to December 3, 1937

I last saw him alive on December 3, 1937. Death is said to have occurred on the date stated above, at 3:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-30-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. O. Mc Laughlin M. D.

(Address) Baltimore City Hospitals

41618

HEALTH DEPARTMENT—CITY OF BALTIMORE #28492

CERTIFICATE OF DEATH

34-F-41618 ST

F 41618

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Barnes

If U. S. Veteran specify WAR

(a) Residence: No. 114 S. Bethel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874 or 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs 7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. n/d

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 9 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED DEC 9 - 1937 19 H. Livingston Williams Registrar

3682 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 23 19 37 to December 7 19 37

I last saw him alive on December 7, 1937. Death is said to have occurred on the date stated above, at 6 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	11-24-37
Other contributory causes of importance: Hypertensive cardiovascular disease	unk.

Was an operation performed? No Date of n/d

For what disease or injury? n/d

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantibs M. D.

(Address) Baltimore City Hospitals

41619

F 41619

HEALTH DEPARTMENT—CITY OF BALTIMORE

#27236

CERTIFICATE OF DEATH

34-9-53 SF

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Middleton

If U. S. Veteran specify WAR

(a) Residence: No. 619 Greenwillow St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred

6. DATE OF BIRTH (month, day, year) 12/12/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash., D.C.

FATHER

13. NAME Hillary Middleton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records Wife (Address) 619 Greenwillow St

18. BURIAL, CREMATION OR REMOVAL Place Mt. Carmel Cem. Date Dec 11 1937

19. UNDERTAKER (Address) [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1937 to December 7, 1937

I last saw him alive on December 7, 1937. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

C 9-1937 Monday 87 [illegible]

41620

HEALTH DEPARTMENT—CITY OF BALTIMORE

41620

CERTIFICATE OF DEATH

8-6 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 N Wolfe St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen S. Beard

If U.S. Veteran specify WAR .....

(a) Residence: No. 1621 N. Wolfe St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Beard

6. DATE OF BIRTH (month, day, year) Sept. 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Phila., Penn

FATHER

13. NAME James Kelly

14. BIRTHPLACE (city or town) (State or country) Phila., Penn

MOTHER

15. MAIDEN NAME Josephine Stone

16. BIRTHPLACE (city or town) (State or country) Phila. Penn

17. INFORMANT M. Beard (Son)
(Address) 1621 N Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date Dec 13, 1937

19. UNDERTAKER Elmer W. Conklin & Son
(Address) 924 E. Fayette St.

20. FILED ... 1937 ... Registrar

Dec 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to Dec. 7, 1937

I last saw h.e. alive on Dec 7, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Growth Cervix	1936

Other contributory causes of importance:

Cardiac Weakness	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..... 19..

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Beard M. D.

(Address) 970 Garrison Blvd

41621 | E 41621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 186-a

CITY OF BALTIMORE: (No.) Bay View St., 2-2 Ward)

Registered No. 2877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William J. Groves Sr.

(a) Residence: No. 211 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of ~~(or WIFE of)~~ Sarah E. Groves

6. DATE OF BIRTH (month, day, year) June 17-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Groves

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Young

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Wm J. Groves Jr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date Dec. 10 1937

19. UNDERTAKER Thos. F. Miller
(Address) 2334 Jefferson St.

20. FILED Dec 10 1937 Thomas Pippin, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	7 days
Senile Dementia	Chronic
Other contributory causes of importance: Fracture left Neck of femur	7 days

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec. 7, 1937

Where did injury occur? 211 S. Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in his yard

Nature of injury Fracture Neck left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 W. Baltimore St.

V S 6

VITAL STATISTICS IS very important. See instructions on back of certificate.

41622

HEALTH DEPARTMENT—CITY OF BALTIMORE

41622

CERTIFICATE OF DEATH 28838

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City mospts. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Derlak

If U. S. Veteran specify WAR

(a) Residence: No. 2810 O'Donnell St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verz

6. DATE OF BIRTH (month, day, year) 6-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Unknown~~ Ice Busines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Busines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City mospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Stanislaus Cem Date Dec 11 1937

19. UNDERTAKER (Name) J. Fialkowski
(Address) 1000 S. Kenwood Ave

20. FILED 12-9-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937, to December 7, 1937

I last saw him alive on December 7, 1937. Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	12-6-37

Other contributory causes of importance:

Rheumatic heart disease unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santibañes, M. D.

(Address) Baltimore City Hospitals

57

3 - 1937 0 14

11623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11623

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 S Bouldin St. 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas T. Sunderland

If U. S. Veteran specify WAR

(a) Residence: No. 626 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or race W | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced: HUSBAND of Anne B. Sunderland

6. DATE OF BIRTH (month, day, year) Feb 27 1883

7. AGE — Years 54 | Months 9 | Days 8 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Dairy

10. Date deceased last worked at this occupation (month and year) 11-6

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie A. Sumner

(Address) 183 Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date 12/10/ 37

19. UNDERTAKER J. Moran

(Address) 3000 E. Balto St.

20. FILED 12/10 1937 H. L. Jr. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec. 8 1937

that I last saw h.m. alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
Chronic Valvular Heart Disease	
Other contributory causes of importance: Acute Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harris C. Richardson M. D.

(Address) 3229 Eastern Ave

Fee 1937 8 14

See instructions on back of certificate.

✓ F 41624

41624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Bell

(a) Residence: No. 200 W. Hamberg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 9 - 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. Uhlen, M. D.
Coroner

(Address) 2707 W Mora

V S 6

3684

11625 F 11625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 6-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Jackson

(a) Residence: No. 1504 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (city or town) (State or country) not known

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Estate Price Weeks
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 9 - 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) For U. A. Moore

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to [illegible] death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-3-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Howard C. Wolfe Coroner, M. D.

(Address) 1331 E. North Ave

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3883 14

F 41626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Reservoir St. 13-2 St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Rev. Adroniram J. Arnold

(a) Residence: No. 732 Reservoir St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia C. Maison

6. DATE OF BIRTH (month, day, year) July 4, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Albert Arnold

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Charlotte Comstock

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Eleanor M. Tyler
(Address) 732 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date 12/10/37

19. UNDERTAKER John Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Dec 13 1937 Registrar's No. 24349

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 10.58 A.M. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Dec. 9 1937

I last saw him alive on Dec. 9, 1937 Death is said to have occurred on the date stated above, at 10.58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	5 yrs
Other contributory causes of importance: Pneumonia Lobular	4 days own

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James C. Clarke, M. D.

(Address) Greenway Apts.

Registrar's No. 24349

Attending Physician

H

41627 ✓ F 41627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME William T. O'Connor

If U. S. Veteran specify WAR

(a) Residence: No. 104 E. Madison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Jan. 11, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Social Security Board

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Social Security Board

(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland California Date 12/9 1937

19. UNDERTAKER Geo A Fuller

(Address) Baltimore Maryland

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry did find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	12 8 37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12-8 1937

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury fell 7 floors to areaway

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Anne C. Wolfe M. D.

(Address) 331 E. North Ave Balto

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11628 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11628

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Monroe St., 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Weyforth

(a) Residence: No. 14 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Weyforth

6. DATE OF BIRTH (month, day, year) Oct 2 59

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip Dearing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm H Weyforth

(Address) 2001 W Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 11 1937

19. UNDERTAKER Mr & Mrs John W Tuffel & Son

(Address) 201 W. Lafayette Ave.

20. FILED Dec 11 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Case Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin Hanna M. D.
Coroner

(Address) 18 E. Balto St

V S 6

41629 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41629

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 Wash Blvd St., 21-5 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude E. Ulland

If U. S. Veteran specify WAR

(a) Residence: No. 1245 Wash. Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustav A. Ulland.

6. DATE OF BIRTH (month, day, year) Mar 10, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Leonard Davis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amie Palmer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gustav A. Ulland
(Address) 1245 Wash Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 10, 1937

19. UNDERTAKER Mc-Mus. John W. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED 1937 [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to December 7, 1937

I last saw her alive on Dec 6, 1937. Death is said to have occurred on the date stated above, at 10.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial failure	?
& arteriosclerosis	?
aortic stenosis	?

Other contributory causes of importance:

generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Geaso M. D.

(Address) 876 Washington Blvd

Schaumloeffel

F 41630 ✓ F 41630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (Specify WAR)

2. FULL NAME Annie E. Schaumloeffel Siegel SIEGER

(a) Residence: No. 704 E 21 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Julius Schaumloeffel

6. DATE OF BIRTH (month, day, year) Nov 19 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Volz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT G. Edw. Schaumloeffel

(Address) 1725 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 11 1937

19. UNDERTAKER J. W. & Jno. W. Siegel & Son

(Address) 801 W. Fayette St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 5 1937

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W. Crans Coroner M. D.

(Address) Baron

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41631 E 41631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Bentalou St. 20-2 Ward)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph C. Shehuen

If U. S. Veteran specify WAR

(a) Residence: No. 2 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Charlotte C.

6. DATE OF BIRTH (month, day, year) 2-13-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. Federal Tile Co

10. Date deceased last worked at this occupation (month and year) 8/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Shehuen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Mary C. Shehuen
(Address) 2 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Dec 10 37

19. UNDERTAKER J. B. Stuppert & Son
(Address) 333 Eutaw Place

20. FILED Dec 9 1937 Registrar H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937 to Dec 6, 1937

I last saw him alive on . Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 6, 1937
Other contributory causes of importance: Coronary Sclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor Street

41632 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41632

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Gwynn Oak Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Otho Sprigg Senseney

If U.S. Veteran specify War. No Record

(a) Residence: No. Linwood Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cattle dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Linwood Md.

FATHER

13. NAME: John O. Senseney

14. BIRTHPLACE (city or town) (State or country): Linwood Md.

MOTHER

15. MAIDEN NAME: Marion Howard

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT (Address): Mrs Audrey Hamilton 3718 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Union Bridge Md Date: Dec 11 1937

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED DEC 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1937 to 12/9 1937

I last saw him alive on 12/9 1937. Death is said to have occurred on the date stated above, at 11:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Acute	9
Hypostatic Pneumonia (Terminal)	12/8/37

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? yes Date of July 37

For what disease or injury? Prostatic Hypertrophy

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Dr. Crane M. D.

(Address) 1000 Fidelity Bldg Balto

41633

HEALTH DEPARTMENT—CITY OF BALTIMORE

41633

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clementine Lohmeyer

If U. S. Vet. specify WAR No Record

(a) Residence: No. 1736 N Duncan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry T. Lohmeyer

6. DATE OF BIRTH (month, day, year) About 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John. Lynch

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Edward Zoucker (Son)

(Address) 1736 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Baltimore Md. Date Dec 10 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937 to Dec 8, 1937

I last saw her alive on Dec 8, 1937. Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Decompensation	?
Hypertension	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? no Date of —

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) Gilbert E. Friedman M. D.

(Address) St. Joseph's Hospital

✓ F 41634

41634 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Oakley Ave St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Belle Roloson

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3111 Oakley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Roloson

6. DATE OF BIRTH (month, day, year) May 16, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Roloson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza M Matheson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Roloson Jr
(Address) 3111 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/11 1937

19. UNDERTAKER Tallman & Co
(Address) 1217 E Fayette St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to Dec 9 1937

I last saw her alive on Dec 9 1937 Death is said to have occurred on the date stated above, at 1.20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	6-6-37

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Allen D Gilbert M. D.

(Address) 1803 Eutaw Heights Av

F 41635 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41635

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Milton ave St. 8-3 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rose Theresa Mantz

If U. S. Veteran specify WAR

(a) Residence: No. 1509 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Henry J. Mantz

6. DATE OF BIRTH (month, day, year) Mch. [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Keene

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Booker

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. John G. Mantz

(Address) 1509 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 11 1931

19. UNDERTAKER Feeney Bros. Undertaking Co.

(Address) 1301 E. Eager St.

20. FILED [illegible] 19[illegible] [illegible] to Williams Ry

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from July 13 1931 to December 7 1931

I last saw her alive on December 7 1931 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1927
Chronic Myocarditis (Congestive heart failure)	1931

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1514 N. Fulton Ave

83 1537

F 41636

41636 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Edmondson Ave St. 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Fountain

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie W. Fountain

6. DATE OF BIRTH (month, day, year) Aug 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 yrs	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month, day, year) Oct 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel Fountain

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillie W. Fountain

(Address) 1007 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 12/11/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23rd, 1937 to Dec 7th, 1937

I last saw him alive on Dec 6th, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Other contributory causes of importance: Acute Myocarditis	1 month

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

41637

CERTIFICATE OF DEATH

93-F 41637

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 423 E Clement St., 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gustave L Schreiner

If U. S. Veteran specify WAR

(a) Residence: No. 423 E Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Schreiner

6. DATE OF BIRTH (month, day, year) March 23rd ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	70	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Files Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Julius Schreiner

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Chas F Schreiner

(Address) 423 E Clement St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross R.C. Date 12-13 37

19. UNDERTAKER Bernard C Harle

(Address) 121 E Hoch St

20. FILED 12 Registrar.

DEC 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1937 to Dec 8 1937

I last saw him alive on Dec 8 1937 Death is said to have occurred on the date stated above, at 8.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Dilatation	
Other contributory causes of importance: Senile Marasmus	Nov 37
Arteriosclerosis	Nov 37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustave L Schreiner M. D.

(Address) 423 E Clement St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41638

41638

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Gough St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Willie Owens

If U. S. Veteran specify WAR .....

(a) Residence: No. 705 Gough St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	marr

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Owens

6. DATE OF BIRTH (month, day, year) Sept 2 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens S. C.

FATHER

13. NAME Thomas Owens

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Laney?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Daisy Choice

(Address) 705 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec 13, 1937

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 or Schroeder St

20. FILED ..... 19..... Registrar.

DEC 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 9, 1937

I last saw h[illegible] alive on Dec 9, 1937. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1 1937
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Cooley, M. D.

(Address) 1753 Gough

41639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41639
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 405 Vincent St. 19-182 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecil Harrison
If U. S. Veteran specify WAR

(a) Residence: No. 405 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Harrison

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Augustus Hopkins
14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Annie Dorsey
16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Elenore West
(Address) 405 Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date Dec 10, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ... 19... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1937 to Dec 6, 1937
I last saw him alive on Dec 6, 1937 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 1937
Other contributory causes of importance:	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Healy M. D.
(Address) 1537 Eutaw St

F 41640 Collins ✓F 41640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-A

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 718 Gordon St. 11-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Virginia Collins — U.S. Veteran specify WAR

(a) Residence: No. 718 Gordon St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wilson Collins
6. DATE OF BIRTH (month, day, year): 1862
7. AGE — Years: 75 — Months: — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Wilson Jackson
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Maggie Hall
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Dorothy Bonyle
(Address): 718 Gordon St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Dec 10, 1937

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 322 N. Schroeder St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/8/37

22. I HEREBY CERTIFY, That I attended/deceased from 12/4/37, 19 to 12/8/37, 19
I last saw her alive on 12/7/37, 19. Death is said to have occurred on the date stated above at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	
2	
3	

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

Was other trauma or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis M. D.
(Address) 724 Madison

41641 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41641

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 155 N Lakewood Ave (Ward) 6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget M. Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 155 N. Lakewood ave St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr 2-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Patrick J. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Roane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Winifred Kelly

(Address) 155 N Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 11, 1937

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED ..... 19..... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/1937

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1937 to 12-8-1937

I last saw her alive on 10-8-1937 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart disease arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John J. Gorsuch M. D.

(Address) 14 N. East ave.

8

41642 F 41642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 23

CITY OF BALTIMORE: (No. 1136 Ridgley St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Taylor — If U. S. Veteran specify WAR.

(a) Residence: No. 1136 Ridgley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert R. Taylor

6. DATE OF BIRTH (month, day, year) Sept 27. 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME James Buchanan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert R. Taylor
(Address) 1136 Ridgley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12/10/37. 19

19. UNDERTAKER Thos. J. Kemp
(Address) 1600 Holland St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16. 1937. to Dec 7 . 1937.

I last saw h— alive on Dec 7 . 19 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norbert K. Hatch M. D.

(Address) 2151 Walbrook ave.

41643 Bettien F 41643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hosp Da 210-M

CITY OF BALTIMORE: (No. ..... St., 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolph Bettner

If U. S. Veteran specify WAR .....

(a) Residence: No. 627 Greenhill Ave St., Balto Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mary Bettner

6. DATE OF BIRTH (month, day, year) 2/22-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month, day, year)	11. Total time (years) spent in this occupation
11/37	—

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gottlieb Bettner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Bettner

(Address) 627 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 12/11/37

19. UNDERTAKER John Lloyd

(Address) 2200 Orleans St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest — thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull —	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-9- 1937

Where did injury occur? Frankford Ave & Belair Rd.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway —

How injury occurred Struck by auto while crossing street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert R Gurley Asst. Coroner M. D.

(Address) 907 N Charles St

VS 6

41644 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11614

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Wolfe St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Robertson

If U. S. Veteran specify WAR

(a) Residence: No. 216 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Robertson

6. DATE OF BIRTH (month, day, year) Nov 19 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Quantico Md

FATHER

13. NAME Robert Stepney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles M. Stanley

(Address) 410 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemty Dated Dec 11 1937

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/7/37 19 to 12/8 1937

I last saw him alive on 12/8 1937 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Cerebral Hemorrhage	12/7/37
Other contributory causes of importance:	
acute Cardiac Dilitation	12/8/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) L. Litton M. D.

(Address) 1304 E. Chase

41645

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41645

CERTIFICATE OF DEATH

✓94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Odonnel St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lewandowska

If U. S. Veteran specify WAR

(a) Residence: No. 3108 Odonnel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Antone Lewandowski D

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wawrzyniec Cyurnacki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jozefa Switala

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Lewinska
(Address) 3108 Odonnel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 13 37

19. UNDERTAKER John P. Duda
(Address) 2811 Hudson st

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937 to Dec. 7, 1937

I last saw h[illegible] alive on Dec. 7, 1937. Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency — Date of onset Dec. 3.

Coronary Sclerosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Andrew Kunsowski M. D.

(Address) 2079 Eastern av.

Kalus

F 41646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41646

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Springdale St. 1965-8 Ward)

Registered No. 164-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bertha Kalus

If U. S. Veteran specify WAR

(a) Residence: No. 3622 Springdale Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Max Kalus

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 70 | Months | Days | If LESS than 1 day.... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. None

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Zuckerman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Kalus
(Address) 3622 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Tefiloh Cemetery Date Dec. 10. 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 12-14-16 W. North ave

20. FILED ..... 19 .....
Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death at the time stated above 5 M. on the 10th day of Dec 1937

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/10 1937

Where did injury occur? 3622 Springdale Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury Illuminating gas

Nature of injury Poison Gas

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Abram Kramer M. D.
Coroner

(Address) 1350 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41647

CERTIFICATE OF DEATH

93-cF 41647

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2405 Huron St. 25-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie V. Isaac

If U. S. Veteran specify WAR .....

(a) Residence: No. 2405 Huron St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	c	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John H. Darnell

(Address) 2413 Huron St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec. 11 1937

19. UNDERTAKER James A. Hayes

(Address) 142 N. Gilmor St

20. FILED ..... 19..... Registrar .....

DEC 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/37

22. I HEREBY CERTIFY, That I attended deceased from 12/5/37 to 12/9/37

I last saw her alive on 12/8/37 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Hawkins M.D.

(Address) 1600 W. Fayette St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11648

CERTIFICATE OF DEATH

11648 ✓ 108

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph H. Rogers

(a) Residence: No. 420 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rogers

6. DATE OF BIRTH (month, day, year) May 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	00	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Rogers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Jos. H. Rogers Jr.

(Address) 610 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/3 19 27

19. UNDERTAKER Richard F. Curley

(Address) 1700 E. North Ave

20. FILED DEC 3 1927 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Procaply Lobar Pneumonia	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Nelson M. D.

(Address) 3757 W. Lexington

S 6

41649

HEALTH DEPARTMENT—CITY OF BALTIMORE

41649

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME William Schach

U. S. Veteran specify WAR None

(a) Residence: No. 201 S Hilton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V Schach

6. DATE OF BIRTH (month, day, year) June 2 64

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Schach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Isaley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bertha Selby

(Address) 201 S Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec. 11 1937

19. UNDERTAKER Charles J. Schwob

(Address) 505 N Monroe St

20. FILED 1937 Registrar.

(Dec 11)

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Instant

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin Hanna M. D.

Coroner

(Address) 822 Wilkens Ave

M. D. B. 1268-9

F 41650

41650 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Llewelyn Ave St. 8 Ward)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ladder

(a) Residence: No. 1607 Llewelyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Ladder

6. DATE OF BIRTH (month, day, year) Dec-17-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	76	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 0037

10. Date deceased last worked at this occupation (month and year) October 1, 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Last name—(High)

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Golen H. Ladder (Address) Kenwood Ave & Elmont

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Dec 11 37 19

19. UNDERTAKER Randall C Humphreys (Address) 1501 N. Broadway

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1 1937 to Dec. 8 1937

I last saw her alive on Dec. 8 1937 Death is said to have occurred on the date stated above, at 7 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 8, 1937
Arteriosclerotic Cardio vascular Disease	1934

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Karl Grossman M. D.

(Address) 1212 N. Patterson Park Ave.

11651 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11651

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Johnson

U. S. Veteran specify WAR

(a) Residence: No. 820 Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Johnson

6. DATE OF BIRTH (month, day, year) Oct 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Caroline Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ruth Johnson

(Address) 820 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Cem. Date 12/11 1937

19. UNDERTAKER Joseph G. Locke Jr.

(Address) 1302 Jefferson St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1937

22. I HEREBY CERTIFY, That I last saw the deceased on (Dec 8) (Dec 8) and (from the evidence) (to the best of my knowledge and belief) (Attended, Attorney or Inquest) deceased was alive at (Dec 8) (Dec 8) and (from the evidence) (to the best of my knowledge and belief) (Attended, Attorney or Inquest) that said deceased died on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Hypopharynx	?
Chronic Nephritis	1
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins, M. D.

(Address) 5 E. Franklin St. Coroner

V S 6

41652 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41652

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S CONKLING ST St., 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME DORA SELLMAYER

If U. S. Veteran specify WAR .....

(a) Residence: No. 525 S CONKLING St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LUDWIG SELLMAYER

6. DATE OF BIRTH (month, day, year) OCT 5 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fullerton Balto. Co.

FATHER

13. NAME Joseph Winkler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Sellmayer (son)

(Address) 525 S Conkling st

18. BURIAL, CREMATION, OR REMOVAL

Place holy redeemer Date Dec 11 19 37

19. UNDERTAKER Lilly & Sailer Inc.

(Address) 403 N Smallwood st

20. FILED ..... 19 ..... Registrar.

1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937 19

22. I HEREBY CERTIFY, That I attended deceased from this time duly 37, to Dec 8 37, 19 37

I last saw her alive on Dec 7, 19 37. Death is said to have occurred on the date stated above, at 3 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus-Pulmonary Tuberculosis-Pulmonary Hemorrhage	
Other contributory causes of importance	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. J. Kelly M. D.

(Address) 110 E North Ave

M. D. B 1268-9

11653 HEALTH DEPARTMENT—CITY OF BALTIMORE 11653

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital Registered No. 131

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick A Norton

(a) Residence: No. 14 N Tremont Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Madeline Norton

6. DATE OF BIRTH (month, day, year) Aug 3 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Patrick J Norton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Wade

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Madeline Norton
(Address) 14 N Tremont Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 12/13/37, 19

19. UNDERTAKER Leonard J Roach
(Address) 2001 E Fayette St

20. FILED Dec 13, 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1937 to Dec. 9, 1937

I last saw him alive on Dec. 9, 1937 Death is said to have occurred on the date stated above, at 5 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Hypertensive Cardiovascular Renal Disease	
2) Auricular Fibrillation	
c Decompensation	c

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lawrence J Shumaker M. D.

(Address) St. Agnes Hospital

11654 E 11654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-14 Ward)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nancy Woodfin Williams

If U. S. Veteran specify WAR None

(a) Residence: No. 106 Woodlawn Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of S. Otis Williams

6. DATE OF BIRTH (month, day, year) about 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Cherry Grove Virginia

FATHER

13. NAME Rev. James E. Hughes

14. BIRTHPLACE (city or town) (State or country) ? ? Unknown

MOTHER

15. MAIDEN NAME Charlotte Stepen

16. BIRTHPLACE (city or town) (State or country) ? ? Unknown

17. INFORMANT Miss. Elesa Williams (neice)
(Address) Preston Apts., City.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Dec/11/37 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 106 N. North Avenue

20. FILED ..., 19.. [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1937

22. I HEREBY CERTIFY, That I last (Saw or the remains described above, Held an Inquest, Attended on Inquiry) (Heard, Autopsy on Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) 133 S. North Ave Examiner

1937 [illegible]

M. D. B. 1208-9

41655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41655

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 W. Fayette St St. 20-2 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Shipley

(a) Residence: No. 2300 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F. Shipley

6. DATE OF BIRTH (month, day, year) June 3, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Andrew Knell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Fugman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Spencer B. Wiles

(Address) 2300 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 11, 1937

19. UNDERTAKER Robt C. & B. M. Walter

(Address) Pratt & Stricker Sts

20. FILED Dec 13 1937 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 - 37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1937, to Dec 8 1937

I last saw h[illegible] alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 9 a m

The principal cause of death and related causes of importance were as follows:

Endocarditis, Arteriosclerosis

Chronic Nephritis - Uremia

Date of onset

Other contributory causes of importance:

Pulmonary Oedema

Name of operation — Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt C. Peters M. D.

(Address) 131 Eutaw Ave

F 41656

41656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 S. Ellwood Ave. 1st Ward)

Registered No. 1-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jozef Malinoski

If U. S. Veteran specify WAR

(a) Residence: No. 1200 S. Ellwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Malinoski

6. DATE OF BIRTH (month, day, year) Feb. 15-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8 9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pension P.R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Malinoski

(Address) 1200 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec. 11. 1937

19. UNDERTAKER Stephen J. Fialkowski Inc.

(Address) 1000 S. Kenwood Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1937 to Dec. 7th, 1937

I last saw him alive on Dec. 5th, 1937 Death is said to have occurred on the date stated above, at 4 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Dis.	12-8
Other contributory causes of importance:	
Coma.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. F. Wisner M. D.

(Address) 20 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

1657

CERTIFICATE OF DEATH

✓107 F 11657

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 951 N. Washington St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 67 yrs. ..... mos. ..... da.

2. FULL NAME Anna Turek

If U. S. Veteran specify WAR

(a) Residence: No. 951 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anton Turek

6. DATE OF BIRTH (month, day, year) July 10 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Zynek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Kucera

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Turek
(Address) 142 S Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 11 1937

19. UNDERTAKER Frank Leach Son
(Address) 190 Holland St

20. FILED Dec 11 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Dec 8, 1937

I last saw h[illegible] alive on Dec. 7, 1937. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11/29/37

Other contributory causes of importance: ✓

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

41658 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41658

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 22-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma A. Bergmann

If U. S. Veteran specify WAR

(a) Residence: No. 525 W. Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John C. Bergman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Gobling Lantz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Bergmann

(Address) 525 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec. 13 1937

19. UNDERTAKER Chas. M. Black

(Address) 742 W. North Ave.

20. FILED ..... 19..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937 to Dec. 9, 1937

I last saw her alive on Dec. 9, 1937 Death is said to have occurred on the date stated above, at 2.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever. - Before	11/24/37

Other contributory causes of importance:

Malnutrition & delayed action Secondary Anemia & Cystitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? W. R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mower J. Nicholson M. D.

(Address) University Hosp

11659 HEALTH DEPARTMENT—CITY OF BALTIMORE 11659

CERTIFICATE OF DEATH

V 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Mt Royal Terr (Hse) 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Kearney Duce

(a) Residence: No. 2102 Mt Royal Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth E. Grahame

6. DATE OF BIRTH (month, day, year) August 11, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	16 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. With Balto News Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec-37

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Union Mills Carroll County - Md.

FATHER

13. NAME Peter Duce

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town) (State or country) York County Pennsylvania

17. INFORMANT Gordon Grahame Duce

(Address) 2102 Mount Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cemetery - Calvert County Date December 11 1937

19. UNDERTAKER Charles S. Black

(Address) 742 West North Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 12/9/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Crain, M. D. Coroner

(Address)

S 6

41660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41660

CERTIFICATE OF DEATH 23076--CM47-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1912

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME William Schultz

If U. S. Veteran specify WAR .....

(a) Residence: No. 617 S. Lakewood Ave., St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 6-21-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works

10. Date deceased last worked at this occupation (month and year) 1/26/37

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 13 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 1937 Dec 17 Wm. F. Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937 to December 9, 1937

I last saw him alive on December 9, 1937. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. de Lautlis M. D.

(Address) Baltimore City Hospitals

41661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41661

CERTIFICATE OF DEATH 28334-CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 12-7 50 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winifred Mann If U. S. Veteran specify WAR No Record

(a) Residence: No. 2620 Hampden Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 12-9-1869 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	---	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Owen Banahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12/13 '37

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1937 to 1937

I last saw her alive on 12-10 1937 Death is said to have occurred on the date stated above, at 7:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with metastasis in axilla	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-7-37

For what disease or injury? Carcinoma of Left breast

Name of operation Radical Mastectomy, Left

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clyde Brantegan M. D.

(Address) Baltimore City Hospital

41662 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41662

CERTIFICATE OF DEATH

27331 JS 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-29 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sophie Dixon

If U. S. Veteran specify WAR

(a) Residence: No. 1314 W. Lexington St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dixon

6. DATE OF BIRTH (month, day, year): 8-9-1860-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

MOTHER FATHER

13. NAME: Peter Love

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Olivea Carney

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 11-37

19. UNDERTAKER: T. D. Tippett & Son
(Address) 130 Eutaw Place

20. FILED ... 19... Registrar.
Dec 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1937 to December 8, 1937

I last saw her alive on December 8, 1937. Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. A. De Santalle, M. D.

(Address) Baltimore City Hospitals

11663

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11663

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Mrs Fadden

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Mc Fadden

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Lilligan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Sup (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Dec 11, 37

19. UNDERTAKER Rita Wiedefeld (Address) 914 Gunnison Ave

20. FILED 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Dec 10 1937

I last saw her alive on Dec 8 1937 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Arteri Sclerosis Senility	? ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dup Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Carter M. D.

(Address) 1114 Madison Ave

1664 HEALTH DEPARTMENT—CITY OF BALTIMORE 1664

CERTIFICATE OF DEATH

1-5 92-a

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 124 S. Patterson Park Ave St., Ward) Registered No. 572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 11 mos 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise H. Downs

If U. S. Veteran specify WAR

(a) Residence: No. 124 S. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of WIFE of James W. Downs

6. DATE OF BIRTH (month, day, year) Aug. 5 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Heinz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Adam

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hilda Snyder

(Address) 505 Annabel Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 11, 1937

19. UNDERTAKER John F. Henry

(Address) 715 Light St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Coroner's or Medical Examiner's) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	Dec 8 1937
Valvular heart disease	Years
Other contributory causes of importance: Shock	Dec. 8 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

DEC 1 1937

F 41665

CERTIFICATE OF DEATH

20-4108

F 41665 Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emily Pampel Hopkins

(a) Residence: No. 133 Mc Phail St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hopkins

6. DATE OF BIRTH (month, day, year) July 14, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Julius F. Pampel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth J. Hetzelberger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Madeline P. Lawson

(Address) 1110 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec. 13 1937

19. UNDERTAKER Edw. Mitchell & Son.

(Address) 200 Eutaw Place

20. FILED Dec 1 1937 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1937 to Dec. 10 1937

I last saw her alive on Dec. 10 1937 Death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Left lower Lobe	12-2-37
Other contributory causes of importance: Senility	?

Name of operation ..... Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shimanek, M. D.

(Address) St. Agnes Hospital

338430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11666

CERTIFICATE OF DEATH

27-1695-B F 11666

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Gulden

If U. S. Veteran specify WAR

(a) Residence: No. 4712 Delaware ave, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry F Gulden

6. DATE OF BIRTH (month, day, year) Mar-1-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Harrison Burns

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Clara Crosby

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Pa Date Dec. 13 1937

19. UNDERTAKER John O Mitchell & Sons Co
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937 to Dec 10, 1937

I last saw her alive on Dec 10, 1937 Death is said to have occurred on the date stated above, at 1401 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease with myocardial failure	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter B. Brooks, M. D.

(Address) Johns Hopkins

41667 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-282-A

F 41667 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Shields Place Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena B Rawlings

If U. S. Veteran specify WAR

(a) Residence: No. 1330 Shields Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warner Rawlings

6. DATE OF BIRTH (month, day, year) Nov 22 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Pabb

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lelia Cook

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr Albert Pabb

(Address) 1506 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 11 1937

19. UNDERTAKER Charles Harrison

(Address) 514 N Calhoun St

20. FILED Dec 11 1937

S 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains above-named on the day stated above, held an examination thereof and from the evidence obtained by said examination, and from the records, I find that said deceased came to death on the day stated above.

(Coroner, Assistant Coroner or Inspector)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 8 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Coroner, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

41668

CERTIFICATE OF DEATH

15-746-C F 41668

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3331 Alto Road Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dis. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma Arrington Giles

If U. S. Veteran specify WAR .....

(a) Residence: No. 3331 Alto Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward M Giles

6. DATE OF BIRTH (month, day, year) June 21-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David A Arrington

14. BIRTHPLACE (city or town) (State or country) Bell Co Ky

MOTHER

15. MAIDEN NAME Martha Massey

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Mrs Edgar Bygd

(Address) 7011 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 3 1938

19. UNDERTAKER H J Kuehnert Sons

(Address) Baltimore Md

20. FILED ..... 19..... Registrar .....

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1937

22. I HEREBY CERTIFY, That I attended deceased from August 6th 1937 to December 10 1937

I last saw her alive on December 10 1937. Death is said to have occurred on the date stated above, at 8:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1937

For what disease or injury? Carcinoma of Sigmoid

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Path Spec Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J C Bagley Coe M. D.

(Address) Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41669 — CERTIFICATE OF DEATH — F 41669

9-6 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 & 33rd St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Fit Keithler

If U. S. Veteran specify WAR

(a) Residence: No. 1723 & 33rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov 26 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ none

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Plainfield, N. J.

FATHER

13. NAME John Keithler

14. BIRTHPLACE (city or town) (State or country) Wilkes Barre, Pa

MOTHER

15. MAIDEN NAME Laney Randolph

16. BIRTHPLACE (city or town) (State or country) Plainfield, N. J.

17. INFORMANT Mrs Charles H. Brown

(Address) 1723 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 11 1937

19. UNDERTAKER Wm J Tuckey & Sons

(Address) Inglad

20. FILED Dec 11 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15-37 to Dec 9-37

I last saw her alive on Dec 9-37. Death is said to have occurred on the date stated above, at 8:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	

Other contributory causes of importance: Senile Exhaustion

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. F. Kerman M. D.

(Address) 1702 E. 32nd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41670 CERTIFICATE OF DEATH 15-6 23 F 41670

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William KELLY Collins

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie L. Collins.

6. DATE OF BIRTH (month, day, year) Aug. 30, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month, day, year) Dec 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Maryland

PARENTS OR OTHER INFORMANT

13. NAME John Collins.

14. BIRTHPLACE (city or town) (State or country) ? Maryland

15. MAIDEN NAME Josephine Pritchard.

16. BIRTHPLACE (city or town) (State or country) ? Maryland

17. INFORMANT Mrs Marie L. Collins

(Address) 1602 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL Bank Very Market Mt. Dec 14 1937

19. UNDERTAKER J. H. Jenkins Son

(Address) Catonsville

20. FILED DEC 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1937 to Dec. 11, 1937

I last saw him alive on Dec. 10, 1937. Death is said to have occurred on the date stated above, at 1:10A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TBC. — Date of onset

Chr. Myocarditis

Other contributory causes of importance:

Chr. Emphysema

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? /
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Milton Levin, M. D.

(Address) W 33rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

41671

CERTIFICATE OF DEATH

9-253-E F 41671

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital, ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Smith

If U. S. Veteran specify WAR

(a) Residence: No. 4201 N. Hilton Rd. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Date Dec 11 1937

19. UNDERTAKER Albert M Penegar

(Address) 440 E North Ave

20. FILED ..... 19..... Huntington Wise

Registrar

DEC 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23 1937 to Dec 9 1937

I last saw h— alive on Dec 9 1937 Death is said to have occurred on the date stated above, at 11 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous Cell Carcinoma of left Antrum	
Secondary Anemia	

Other contributory causes of importance:

Was an operation performed? yes Date of Oct 25 1937

For what disease or injury? Abscess of left Cheek

Name of operation Incision & Drainage of Abscess

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Cushman M. D.

(Address) St. Joseph's Hospital

E 11672

1672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Chesterfield Ave. St., 27-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William A. Kressleim

If U. S. Veteran specify WAR

(a) Residence: No. 2727 Chesterfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Matilda Hausman

6. DATE OF BIRTH (month, day, year) 3-25-1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME John F. Kressleim

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Thanne

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Matilda Kressleim

(Address) 2727 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/13/37 19

19. UNDERTAKER Leonard J. Roch

(Address) 530 Holland St.

20. FILED 7 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th 1937 to Dec 9th 1937

I last saw him alive on Dec 8th 1937. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis L. Bagli M. D.

(Address) 6077 Harford Rd

41673 F 41673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME JOHN SCHULTZ

If U. S. Veteran specify WAR

(a) Residence: No. 740 S. KENWOOD AVE. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of REBECCA SCHULTZ

6. DATE OF BIRTH (month, day, year) JUNE 20/1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PRODUCE SALESMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME ? SCHULTZ.

14. BIRTHPLACE (city or town) (State or country) BALTO.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT REBECCA SCHULTZ
(Address) 740 S. KENWOOD AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place Cty Town Date Dec. 3 1937

19. UNDERTAKER Filby & Zeiler Inc.
(Address) 403 S. GUILF ST.

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the date stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Paul Klemke M. D.
Coroner

(Address) 1112 E. North Ave

11674 F 11674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Maurer

If U. S. Veteran specify WAR

(a) Residence: No. 1025 Bennett Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Maurer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Caspari

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT M. G. Lloyd

(Address) 500 Taylor St. Chevy Chase Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov. 11 1937

19. UNDERTAKER J. B. Cook

(Address) 1003 W. Baltimore St

20. FILED Nov 12 1937 Hampton White Registrar

S 6.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) H. R. Culler M. D.

(Address) 2757 W. North Ave Coroner

11675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11675

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Univ Hosp) St. (or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Snyder

If U. S. Veteran specify WAR

(a) Residence: No. 12 E. 37th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie A. Snyder

6. DATE OF BIRTH (month, day, year) Sept. 2 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mer. Cyclo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stk. Mer. Whse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME John Snyder

14. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

MOTHER

15. MAIDEN NAME Elizabeth Ruhl

16. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

17. INFORMANT Mrs. Minnie A. Snyder

(Address) 12 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lafayette Cem. State Md. 27

19. UNDERTAKER J. H. Schaefer & Son

(Address) 201 Eutaw Place

20. FILED 7 1915 Thomas Ingram Register.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1915

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12. 7 1915

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	
Other contributory causes of importance: Endocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann, Larsen M. D. Coroner

(Address) 1215 Park Ave.

41676 F 41676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? 35 yrs. 2 mos. 13 ds.

2. FULL NAME Joseph Henry Gault, Jr. If U. S. Veteran specify WAR None

(a) Residence: No. Ruxton Balto. Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Cullum

6. DATE OF BIRTH (month, day, year) Sept 28-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Union South Carolina

FATHER

13. NAME Joseph H. Gault, Sr.

14. BIRTHPLACE (city or town) (State or country) Union Co. South Carolina

MOTHER

15. MAIDEN NAME Kattie Whitman

16. BIRTHPLACE (city or town) (State or country) Charleston South Carolina

17. INFORMANT Mr. Emslie N. Gault (bro)
(Address) Ruxton, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Union, S.C. Date Dec 13 37 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Mullen M. D.

(Address) 225 W. Monument

41677 E 41677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem'l Hosp St., 21-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. Read mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Harriett Read Berry

If U. S. Veteran specify WAR

(a) Residence: No. 506 Harwood Ave St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. (Single) Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 5, 1859

7. AGE: Years 78 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Detroit, Michigan

13. NAME: Mr. John A. Berry

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Miss Harriet P. Read

16. BIRTHPLACE (city or town) (State or country): Richmond, Va

17. INFORMANT: Hospital Record

(Address) Union Memorial Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Dec 18 37

19. UNDERTAKER: Henry H. Jenkins & Sons

(Address) Oakland Ave-Gallaghe

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-4-37, to 12-11-, 1937

I last saw her alive on 12-10, 1937. Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C.V. Disease	?
Toxic adenoma Thyroid	?

Other contributory causes of importance:

Arteriosclerosis

Secondary anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. I. Sunday, M. D.

(Address) Union Memorial Hospital

41678

HEALTH DEPARTMENT—CITY OF BALTIMORE

41678

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Potomac St. 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Guercio

If U. S. Veteran specify WAR .....

(a) Residence: No. 6 S. Potomac St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Guercio

6. DATE OF BIRTH (month, day, year) Feb 8/67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Guglielizza

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Philippa Caldarone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Guercio

(Address) 6 S Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 13 1937

19. UNDERTAKER Frank V. Pipitone

(Address) 2418 E Baltimore St

20. FILED ..... 19 ..... Registrar .....

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26 1936 to Dec 8 1937

I last saw her alive on Dec 8 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (Month, day, or year)
Cystic Tumor	"
Chronic Myocarditis	"
Goitre	"
Other contributory causes of importance:	
Acute Myocarditis	12/8/37

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Artigani M. D.

(Address) 2942 E. Fayette St

F 41679

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41679

CERTIFICATE OF DEATH

V 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Dukessis

If U. S. Veteran specify WAR

(a) Residence: No. 3632 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	06	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Constantinos Dukessis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Grace Strapelle

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mother

(Address) 3637 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 13 1937

19. UNDERTAKER Frank V. Pipitone

(Address) 2515 E. Baltimore St

20. FILED ... 19 ...

1937

Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cranium	Nov. 1937
Other contributory causes of importance: Edema Secondary Anemia	Nov 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Visual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Duff Coroner, M. D.

(Address) 133 E. Monument

41680 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41680

CERTIFICATE OF DEATH

V 53-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Oak Hill Ave St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Elizabeth Koch

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1900 Oak Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Country Club

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hugo Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Barbara Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hugo Koch

(Address) 1900 Oak Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/13 1937

19. UNDERTAKER Wilhelm & Scott

(Address) 1219 E Fort Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Dec 10 1937

I last saw her alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 11 A M.

The principal cause of death and related causes of importance were as follows:

a large inoperable tumor is all through involving Lft kidney - Surgeon diagnosis - Mixed - cancroma — Date of onset 1936.

Other contributory causes of importance:

Tumor was removed with rt kidney 2 yrs. ago.

Was an operation performed? Yes Date of June 1937

For what disease or injury?

Autopsy report not yet available

What test confirmed diagnosis? Was there an autopsy? Yes.

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Dwelearty M. D.

(Address) 37 W Preston St.

11681

HEALTH DEPARTMENT—CITY OF BALTIMORE

11681

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 W Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith L. Wells

If U. S. Veteran specify WAR .....

(a) Residence: No. Annapolis R.F.D. Route 3 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Percy C. Wells

6. DATE OF BIRTH (month, day, year) April 5, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

FATHER

13. NAME Charles Milton Dove

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME Margaret Dove

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

17. INFORMANT Percy C. Wells
(Address) Anne Arundel Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md. Date Dec 14 37

19. UNDERTAKER Joseph B. Cook
(Address) 108 W. Baltimore St.

20. FILED ..... 19 .....
Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to Dec 11 1937

I last saw her alive on Dec 11 1937 Death is said to have occurred on the date stated above, at 4.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	
Subacute decompensation	Oct 1937
Hypostatic bronchopneumonia	Dec 8, 1937

Other contributory causes of importance:

Arteriosclerosis	Nov 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis S. Dorsey M. D.

(Address) University Hospital

11682 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41682

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH Levindale — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Hebrew Home for Aged St., 27 Ward

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Samuel Berger — If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring Ave. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sig. Feinblatt Supt.
(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12/13/37

19. UNDERTAKER Jos. Laura Sons
(Address) 1432 E. Baltimore

20. DATED ... 19... Registrar. Henry D. Williams M.D.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1930, to 12-10, 1937

I last saw h[im] alive on 12-10, 1937. Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	12-9-37
Hypertension	
Arterio-sclerosis	
Other contributory causes of importance: Chr Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

F 11683

11683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

1. PLACE OF DEATH Union Memorial Hospital Registered No.

CITY OF BALTIMORE: (No. 40 St.) Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Benjamin If U. S. Veteran specify WAR

(a) Residence: No. 1429 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of aaron

6. DATE OF BIRTH (month, day, year) March 25 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1903

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Alperstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Libby ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Benjamin

(Address) 1429 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Cemetery Date Dec 12, 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124-26 W. North ave

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1937 to Dec. 10, 1937

I last saw her alive on Dec. 10, 1937 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease with decompensation.	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

41684

HEALTH DEPARTMENT—CITY OF BALTIMORE

41684

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-7-77 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Schleifer

If U. S. Veteran specify WAR

(a) Residence: No. 5107 Queensbury ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Katz

6. DATE OF BIRTH (month, day, year) June 15 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trimmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Max Schleifer

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Fannie Zemin

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Hilda Schleifer

(Address) 5107 Queensbury ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Rosedale Date Dec 12 1937

19. UNDERTAKER Sol. Levinson & Bros.

(Address) 1124-26 W. North ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1937 to Dec 11 1937

I last saw h.. alive on Dec 11 1937 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured peptic ulcer	
Subdiaphragmatic abscess	
pelvic phlebitis	
pneumonia -	
Other contributory causes of importance:	

Was an operation performed? Yes. Date of Oct-2-1937 Nov-15-1937 Dec-7-1937

For what disease or injury? See above.

Name of operation Omentopexy, drainage, drainage of abscess

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Macaulay M. D.

(Address) Sinai Hospital

11685 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11685

CERTIFICATE OF DEATH

93-D

X 12-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cloverdale Rd. & Eutaw Place Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle S. Cole

If U. S. Veteran specify WAR

(a) Residence: No. New York City. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sol M. Cole

6. DATE OF BIRTH (month, day, year) Mch. 22, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit, Mich.

FATHER

13. NAME Herman Spater,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Morris,

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mr. Sol M. Cole,
(Address) New York City.

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Lincoln Cem. Date Dec. 13, 1937

19. UNDERTAKER David Goodheim & Son.
(Address) 1902 Eutaw Place.

20. FILED ..., 19...
Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937 to Dec. 11, 1937

I last saw her alive on Dec. 11, 1937 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset Nov. 29/37

Other contributory causes of importance: Hypertension — Several years.

Was an operation performed? No — Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph W. Kretzky, M. D.

(Address) 1023 N. Calvert St.

41686 F 41686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Mary Mc Gowan

If U. S. Veteran specify WAR

(a) Residence: No. 1604 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn New York

13. NAME Charles Brunt

14. BIRTHPLACE (city or town) (State or country) Hudson New York

15. MAIDEN NAME Mary Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital record

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 13 37

19. UNDERTAKER John McNeal

(Address) 2008 Eutaw

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-4-37, 19, to 12-10-37, 19

I last saw her alive on 12-10-37, 19. Death is said to have occurred on the date stated above, at 2.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-5 days
Cystitis, due to pressure & uterine fibroid on bladder	1 yr.

Other contributory causes of importance:

Arteriosclerotic C-V disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. H. Isaacs, M. D.

(Address) Mercy Hospital

41687 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 41687

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Bolton St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Celeste W. McLaughlin

(a) Residence: No. 2114 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U.S Veteran specify WAR ---

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. McLaughlin

6. DATE OF BIRTH (month, day, year) April 9, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, New York

13. NAME Reuben Price

14. BIRTHPLACE (city or town) (State or country) -------- New York

15. MAIDEN NAME -------- King

16. BIRTHPLACE (city or town) (State or country) ------- New York

17. INFORMANT Mrs. Geo. D. Bolton

(Address) 2114 Bolton Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 12/14 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 202 W Saratoga St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1937 to Dec 10 1937

I last saw her alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 6.30 P.M

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemorrhage	10/29/37
Cerebral Hemmhage 12/9/37	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter C Bacon M. D.

(Address) 100 E 20th St

F 41688

F 41688 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marie Wisch

If U. S. Veteran specify WAR

(a) Residence: No. 205 Lindhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Walter Wisch

7. DATE OF BIRTH (month, day, year) 9-9-1898.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) 12-9-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

13. NAME Henry Konradi

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Tag.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Walter Wisch

(Address) 205 Lindhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 12/13/37. 19

19. UNDERTAKER Harry A Little

(Address) 1101 Edmondson Ave

20. FILED , 19 Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10-(5PM) 1937 to Dec 10 (11PM) 1937

I last saw her alive on Dec 10, 1937 Death is said to have occurred on the date stated above, at 11:03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Ectopic Preg namcy. Ruptured.	1½ days
Other contributory causes of importance: Hemorrhage. Shock	1½ days. 2 hrs.

Was an operation performed? Yes Date of 12-10-37.

For what disease or injury? Rupture Ectopic Preg namcy.

Name of operation Left Salpingo-oophorectomy.

What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) Harold H. Burns M. D.

(Address) Mercy Hospital.

41689 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41689

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 19-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marten Mattisz

If U. S. Veteran specify WAR

(a) Residence: No. 154 W. McHenry St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matilda Cooper Mattisz

6. DATE OF BIRTH (month, day, year) Jan 1 84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Ice Biz

10. Date deceased last worked at this occupation (month and year) Dec 9 37

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER FATHER

13. NAME Ludwig Mattisz

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

15. MAIDEN NAME Katie Marten

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Matilda Mattisz

(Address) 154 W. McHenry St

18. BURIAL, CREMATION, OR REMOVAL

Ft London Park 12/13/37 19

19. UNDERTAKER

(Address) 1101 Eastern Ave

20. FILED 1937, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary thrombosis	12/9
(b)	
(c)	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Martin Kramer M. D.

Coroner

(Address) 1822 N. Ballimore St.

S 6

41690

HEALTH DEPARTMENT—CITY OF BALTIMORE

41690

CERTIFICATE OF DEATH

139-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME Mrs. Edith Fuller

If U. S. Veteran specify WAR .....

(a) Residence: No. 18 North Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .... ,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ....
(State or country)

13. NAME ....

14. BIRTHPLACE (city or town) ....
(State or country)

15. MAIDEN NAME ....

16. BIRTHPLACE (city or town) ....
(State or country)

17. INFORMANT ....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place .... Date ....

19. UNDERTAKER Harry E. Lutzie
(Address)

20. FILED .... 19 ....
Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/2/37. 19 .... to 12/10. 1937

I last saw h.. alive on 12/10. 19 37 Death is said to have occurred on the date stated above, at 7:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	12/7/37
	over
Other contributory causes of importance: Generalized peritonitis	12/8/37
	12/9/37

Was an operation performed? yes Date of 12/9/37

For what disease or injury? Retroversion of uterus

Name of operation Suspension of uterus

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19 ....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Milton Levy M. D.

(Address) WOJH

11691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11691

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Callender St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John J. Easter

If U. S. Veteran specify WAR

(a) Residence: No. 104 Callender St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora M. Easter

6. DATE OF BIRTH (month, day, year) March 16, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jos. Easter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Wieland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Flora M. Easter

(Address) 104 S. Callender St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/14/37

19. UNDERTAKER Harry H. Corbyn

(Address) 4101 Edmondson Ave

20. FILED 19

Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) F. Roseleur M. D.

(Address) 27 E. Lanvale St.

M. D. B. 1268-9

41692

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41692

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. CATON AVE & WILKENS AVE St. 25 Ward) 117-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Warren M. Davis

(a) Residence: No. 108 SHADY NOOK AVENUE St., Ward. CATONSVILLE

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/21/14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. SERVICE STATION ATTENDANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/29/37

11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

FATHER

13. NAME WARREN THOMAS DAVIS

14. BIRTHPLACE (city or town) (State or country) WEST VIRGINIA

MOTHER

15. MAIDEN NAME ETHEL L ADAMS

16. BIRTHPLACE (city or town) (State or country) BALTIMORE

17. INFORMANT WARREN THOMAS DAVIS

(Address) 108 SHADY NOOK AVENUE

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date 12/3 1937

19. UNDERTAKER Raymond Kuhman

(Address) 927 LEEDS AVE

20. FILED 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1937 to Dec 11th 1937

I last saw him alive on Dec 11th 1937 Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Gastric Ulcer — Date of onset 10/21/37

Secondary Hemorrhage. — 12/7/37

Other contributory causes of importance:

Name of operation Closure of ulcer Date of 11/30/37

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If not specify

(Signed) Joseph E. Muse Jr. M. D.

(Address) St. Agnes' Hospital

F 41693

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41693 #12675 SF

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Danley

If U. S. Veteran specify WAR

(a) Residence: No. 1620 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 9/21/1863 or 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 or 74	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unk.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

13. NAME Leroy Danley

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Mary Duke

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Western Date Dec 13 1937

19. UNDERTAKER George L. Schwat.
(Address) 2101 Frederick Ave.

20. FILED 1937 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to December 11, 1937
I last saw him alive on December 11, 1937 Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease Unknown	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

11694 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11694

CERTIFICATE OF DEATH 18575--CM 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nosp'ts. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1866 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 1802 Aisquith St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 2-15-1848

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
89	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Warrick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margt. ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City nosp'ts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Co. Date Dec 14, 1937

19. UNDERTAKER Edmund W. Conklin & Son

(Address) 124 E. Lagrs. St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to December 10, 1937

I last saw her alive on December 10, 1937. Death is said to have occurred on the date stated above, at 6 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 41695

F 41695 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Braddish Ave. St.) (15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edgar T. Wise

(a) Residence: No. 1624 Braddish Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Wise

6. DATE OF BIRTH (month, day, year) April 15-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

13. NAME Abraham Wise

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Emma Troger

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Julia A. Wise
(Address) 1624 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 13. 1937

19. UNDERTAKER Frank E. Fyfer
(Address) 1600 W. North Ave.

20. FILED ... 19 ... Registrar

1937 F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Dec. 10 1937

I last saw him alive on Dec. 9 1937 Death is said to have occurred on the date stated above, at 7-?? m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset March 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Cushman M. D.

(Address) 1925 W North Ave

M. D. B. 1268-9

41696

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41696

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4816 Pimlico Road St., 27-17 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Ruth Fox

(a) Residence: No. 4816 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos V. Fox

6. DATE OF BIRTH (month, day, year) August 2, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) About 4 yrs ago

13. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Washington B. Chenoweth

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary M. Keller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Amos U. Fox
(Address) 4816 Pimlico Road, Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Thomas Date Dec 13, 1937

19. UNDERTAKER J. F. Eline & Sons
(Address) Reisterstown, Md.

20. FILED 2 1937, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11th, 1937

22. I HEREBY CERTIFY, That I attended deceased from for about 4 yrs. 19 . to Dec. 11, 1937

I last saw her alive on Dec. 10th, 1937. Death is said to have occurred on the date stated above, at 7. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Nichols M. D.

(Address) Pikesville Md

✓ F 41697

41697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1921 W. Fayette St. 20-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary McCann

(a) Residence: No. 1921 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4 5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Catherine McCann
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Maguet
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Adaze Pearman
(Address) Reside.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/13/37 19

19. UNDERTAKER Thos. F. Kelly & Co.
(Address) 1600 Hollins St.

20. FILED ..... 19 .....
Registrar

12 7 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
adduced by said Inquest Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 Days

Other contributory causes of importance: Arterio Sclerosis.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Hanna Coroner, M. D.

(Address) 1822 E Baltimore St.

11698 11698 338808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 7-5 157-D

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Walter Helsnick

(a) Residence: No. 638 Lazerne St., ... Ward. Johnstown Pa
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3-30-37

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Marlin Helsnick

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Delores

16. BIRTHPLACE (city or town) (State or country) W Va

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Johnstown Pa Date Dec 13 1937

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19..... Registrar

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937 to Dec 11, 1937
I last saw h. alive on Dec 11, 1937 Death is said to have occurred on the date stated above, at 1.45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of brain	Birth
Otitis media.	12-3-37

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Wm. C Stifler Jr M. D.

(Address) Johns Hopkins Hospital

11699 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11699

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Patapsco St. 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald W. Bayner

If U.S. Veteran specify WAR .....

(a) Residence: No. 1733 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov 9th 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Bayner Jr

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Marie M. Armbruster

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: John Bayner Jr

(Address): 1733 Patapsco St

BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Dec 13th 1937

UNDERTAKER: Wm Cook

(Address): 1217 St. Paul St

FILED: ... 19...

13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11/37, 19..., to Dec 11/37, 19...

I last saw him alive on Dec 11/37, 19... Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Impetigo.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Sidney B Coleman, M. D.

(Address) 1217 St Paul Baltimore

1700 HEALTH DEPARTMENT—CITY OF BALTIMORE 1700

CERTIFICATE OF DEATH ✓ 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Mt. Holly St., 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Henry Schultz

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2200 Mt Holly St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Elizabeth S. Schultz

DATE OF BIRTH (month, day, year) Aug 30th 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Treasurer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

13. NAME Henry Schultz

14. BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

15. MAIDEN NAME Mary McLean

16. BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

INFORMANT Elizabeth S. Schultz

(Address) 2206 Mt Holly St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 14th 1937

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Dec 13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28-37 19 to Dec 11-37 19

I last saw him alive on Dec 11-37 19 Death is said to have occurred on the date stated above, 5 Hrs P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	9
Other contributory causes of importance: Carcinoma of pancreas	

Was an operation performed? Yes Date of Sept 37

For what disease or injury? exploratory operation

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry, in home~~, or in public place

Manner of injury

Nature of injury

24. Did disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter D Dublin M. D.

(Address) 2220 Harrison

M. D. B. 1268-9

11701

F 11701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 129-C

1. PLACE OF DEATH — St Agnes Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Gale Dell — No Record
(a) Residence: No. 1941 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dell

6. DATE OF BIRTH (month, day, year) April 30th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 44	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME William Welsh
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Josephine V.
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sadie Spangler
(Address) 1941 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 14th, 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

DEC 13 1937

..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1937 to December 11, 1937.
I last saw her alive on December 11, 1937. Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complete Prolapse of uterus	1934
& Ulceration of cervix	
Cystocele & Rectocele	
Cerebral Thrombosis	12-5-37
Popliteal & Femoral Thrombosis	

Other contributory causes of importance:

Name of operation Walther-Werthemann Schauta of uterus and amputation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Leonhardt, M. D.
(Address) St Agnes Hosp.

11702 E 11702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N. Monroe St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna C. Stempel

If U. S. Veteran specify WAR

(a) Residence: No. 316 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward H. Stempel

6. DATE OF BIRTH (month, day, year) May 12 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August Wachter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sandra H. Stempel

(Address) 316 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 13-37

19. UNDERTAKER: F. B. Stippert & Son

(Address) 130 Eutaw Place

20. FILED Dec 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1937 to Dec 11 . 1937

that I last saw her alive on Dec 11 . 1937 Death is said to have occurred on the date stated above, at 8.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? See reverse side Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) William H. Dieffenbach M. D.

(Address) 1326 W. Lombard St.

41703 E 41703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Wesinie S. Nelson
If U. S. Veteran specify WAR

(a) Residence: No. 1202 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	married.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. Charles A. Nelson

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Yrs 56.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo Sauerwein

14. BIRTHPLACE (city or town) (State or country) Balt.

15. MAIDEN NAME Mary Ann Gephart

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Mrs. M. Reader.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 13/37

19. UNDERTAKER F. B. Wagner & Son
(Address) 1300 Eastern Ave

20. FILED ..... 19 ..... Registrar

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/3/37 . 19 . to 12/12/37 . 19 .

I last saw her alive on 12/10/37 19 . Death is said to have occurred on the date stated above, at 12:32 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Carcinoma of Breast & Metastasis	
Other contributory causes of importance:	
Paralytic Ileus, Bacteric Pneumonia	10 hr
Pulmonary embolism due to metastasis	3 day

Was an operation performed? Yes Date of 12/7/37
For what disease or injury? Infiltrating Carcinoma R. Breast.
Name of operation Radical Amputation of Breast
What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Benj. H. Baacs M. D.
(Address) Mercy Hospital

11704 HEALTH DEPARTMENT—CITY OF BALTIMORE 11704

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Barclay St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James J. Conway

(a) Residence No. 3204 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Susanna ? King George Co Va

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Roly Conway 3204 Barclay

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 12/13 1937

19. UNDERTAKER Francis A. Heagley

(Address) 578 W. Biddle St

DEC 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Edema Mass of left leg.	

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Crane M. D.

Coroner

(Address) 612 N 40

41705 E 11705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Morris Butler

(a) Residence: No. 3506 Cottage Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna

7. DATE OF BIRTH (month, day, year) Sept 23, 1899

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	37	2	19.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Butler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Etta Garfinkel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Zimmerman

(Address) 3506 Cottage ave

18. BURIAL, CREMATION, OR REMOVAL

Place Workmen's Circle Date Dec 13, 37

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W Baltimore ave

13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to April 1937

I last saw him alive on Dec 12, 1937. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-acute bact. endocarditis	11/4/37
due to Rheumatic fever	11/4/37

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul E. Carlines M. D.

(Address) 2311 Garrison Blvd

41706 F 41706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No.) 12 cc Valley St. 10-1 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Horning

If U. S. Veteran specify WAR

(a) Residence: No. 12 cc Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid.

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Margaret Sadler

6. DATE OF BIRTH (month, day, year) Jan. 7 - 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph Horning

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elizabeth Ring

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup
(Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer, Date Dec. 14, 1937

19. UNDERTAKER Vito Mirarchi
(Address) 914 Greenmount Ave

Filed ... 19... Registrar.

13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937, to Dec 12, 1937

I last saw him alive on Dec 10, 1937. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	8
Other contributory causes of importance: Uremia	3d.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Mc Parker M. D.

(Address) 111 S. Paca St

11707 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11707

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fulton Ave. 2110 St., 15-4 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME MARY B. BAUGHMAN

If U. S. Veteran specify WAR

(a) Residence: No. 2116 FULTON AVE. St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of WALTER G. BAUGHMAN

7. DATE OF BIRTH (month, day, year) FEB. 11/1874

8. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) MARYLAND

13. NAME William H. Welman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah J. Ayres

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter G. Baughman

(Address) 2110 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Dec 14, 1937

19. UNDERTAKER John C. Waddell Sons

(Address) 1900 Eutaw Place

20. FILED ____ 19__ ____ Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1937, to Dec 11th, 1937

I last saw her alive on Dec 11th, 1937. Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Unknown
Other contributory causes of importance:	
Unknown	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Wm. Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

41708 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41708

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Linden Ave. St., 11-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucie Wilson McDaniel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1301 Linden Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. McDaniel

6. DATE OF BIRTH (month, day, year) July 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Charles R. McDaniel
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Fredpick Date Dec 15/37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1300 Eutaw Place

13 1937

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1936 to Dec 11th, 1937
last saw h.. alive on Dec 11th, 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 10th, 37

Other contributory causes of importance:
Chronic Nephritis
Arteriosclerosis.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Thalans M. D.

(Address) 1300 W. Calvert St.

41709 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41709

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 W. Baltimore St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine E. Schneider,

If U. S. Veteran specify WAR

(a) Residence: No. 1914 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -------

7. DATE OF BIRTH (month, day, year) January 11. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Adam Schneider,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary A. Stoner,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Mary E. Lantz, 3017 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore DEC 14 1937

19. UNDERTAKER Robert S Cobb
(Address) 2700 Edmondson Ave.

20. FILED DEC 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Dec 11, 1937.

I last saw her alive on Dec 11, 1937. Death is said to have occurred on the date stated above, at 10 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - Sclerosis	
Cardio vascular renal disease - uremia	12-7-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edw. Plassmig M. D.

(Address) 1904 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41710 ✓ F 41710

Registered No. 93-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Gough St. 2-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHRISTINA BUENGER If U. S. Veteran specify WAR

(a) Residence: No. 1815 Gough St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Buenger

7. DATE OF BIRTH (month, day, year) Nov.11.1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Conrad Schauman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Laura Buenger (Daughter)

(Address) 181 Gough St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Date Dec.13.1937
Place

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander
(Address) Baltimore & Broadway.

DEC 13 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.10.1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1937 to Dec. 10, 1937

I last saw her alive on Dec. 9, 1937. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Circulatory Changes	1yr.
	6
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cancer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Dilley M. D.

(Address) 432 S. Paca St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11711 ✓ 93-C F 11711

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward G. Wolf

(a) Residence: No. 6115 Birchwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Strehlau

7. DATE OF BIRTH (month, day, year) Feb. 4, 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles H. Wolf

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Wilhelmina Ullrich

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

INFORMANT Mrs. Anna K. Wolf

(Address) 6115 Birchwood Ave.

BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Cem. Date Dec. 14, 1937

UNDERTAKER Frederick Grace Sons

(Address) 1411 Mount Ave.

FILED ... 19... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1937, to Dec. 11, 1937

I last saw him alive on Dec. 11, 1937. Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart — Date of onset 12/11/37

Chronic myocarditis — ?

Arteriosclerosis — ?

Other contributory causes of importance:

Cholelithiasis

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

11712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2 F 11712

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Ravenwood St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Jones

If U.S. Veteran specify WAR .....

(a) Residence: No. 1819 Ravenwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Irene

6. DATE OF BIRTH (month, day, year): 3/31/1885

7. AGE — Years: 52 — Months: 8 — Days: 9 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: Robert Jones

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Susan Washington

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Ozeye Jones

(Address) 1119 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/13 37

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Eastman St

Registrar

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1937 to Dec 10 1937

I last saw him alive on Dec 10 1937. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	12/8/37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Hatcher, M. D.

(Address) 1725 Pine Ave

F 41713

F 41713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 1572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1000 Granby St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 45 mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Maged

(a) Residence: No. 1000 Granby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maris Maged

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: 65 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Dec 12-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Solomon Wald

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Jennie (Not Known)

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sam L. Maged

(Address) 1000 Granby St

18. BURIAL, CREMATION, OR REMOVAL: 12-13-37

Sharon Lawn Date 19

19. UNDERTAKER: Funkenstein Joe

(Address) 1432 E. Baltimore St

13 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary-Thrombosis	day

Other contributory causes of importance: Gastritis, Valvular heart disease Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

11714 HEALTH DEPARTMENT—CITY OF BALTIMORE 11714

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4130 Philadelphia Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Frabandt

If U. S. Veteran specify WAR .....

(a) Residence: No. 4730 Philadelphia ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret H.

DATE OF BIRTH (month, day, year) July 1 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5 6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

12. NAME Adam P. Frabandt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Margenthaler

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Margaret H. Frabandt

(Address) 4730 Philadelphia ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Lawn Date Dec 15 1937

UNDERTAKER Martin W. E. Dippel

(Address) 37 S. ... St.

FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1937 to Dec. 12 1937

I last saw him alive on December 11 1937 Death is said to have occurred on the date stated above, at 2 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/8
Other contributory causes of importance: Acute heart failure -	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm D Schmit M. D.

(Address) 701 N. Eutaw ave

DEC 13 1937

11715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11715

CERTIFICATE OF DEATH

✓ 108

Registered No. 27-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 Brendow St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Barbara Kocka

If U. S. Veteran specify WAR

(a) Residence: No. 2839 Brendow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wenceslaus Kocka

7. DATE OF BIRTH (month, day, year) 1861 [redacted]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Frank Schindler

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs Mary Cavanaugh

(Address) 1826 E Fleet St

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Dec 14-37

UNDERTAKER Jos J Stevenson

(Address) 500 N Kenwood Ave

FILED [illegible] 13 1937 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937.

22. I HEREBY CERTIFY, That I attended deceased from December, 1937. to Dec 11, 1937

I last saw her alive on Dec 10, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning	
Other contributory causes of importance: Acute cardiac dilatation	12/10/37
Lobar pneumonia	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert F. Schaefer M. D.

(Address) 2939 McElderry St

F 41716

41716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Byrd St. St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Elizabeth Kirby

(a) Residence: No. 110 E. Randall St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

13. NAME Thomas Kirby

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret Tanner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Metzger
(Address) 110 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 12/15 1937

19. UNDERTAKER J. Fred McCully
(Address) 130 E Fort Ave

20. FILED ..... 19..... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Dec 1937

I last saw h[illegible] alive on Dec. 12 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis - Cardio Vascular	
Other contributory causes of importance: Oesophageal Hemorrhage	12/12/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) Walter Tolly, M. D.

(Address) 1026 Fort Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41717 — 95-B — F 41717

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N Fremont Ave St. 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joe Harris — If U. S. Veteran specify WAR .....

(a) Residence: No. 12 N Fremont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day, year): 1883

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tenor

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Charlotte Dorsey — (Address) 12 N Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date December 13, 1937

19. UNDERTAKER: Joseph G. Leigh — (Address) 409 N. Mount Street

FILED ....., 19..... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 7, 1937.

I last saw h..... alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Organic Disease of Heart	?
Other contributory causes of importance: Pulmonary Edema	Dec 8

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J Norwood M. D.

(Address) 709 W Fayette

41718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 F 41718

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Fairmitte St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Perkins

(a) Residence: No. 830 Fairmitte St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Perkins

6. DATE OF BIRTH (month, day, year) 9-1-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Stewart

14. BIRTHPLACE (city or town) (State or country) Unk.

15. MAIDEN NAME Lucy Harris

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Esther Jones

(Address) 1407 Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 14 1937

19. UNDERTAKER Joseph A. Lucas

(Address) 1911 Grant Street

20. FILED Dec 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Dec 10 1937

I last saw her alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, Ed	11/15/37
Acute Rheumatism	10/1/37

Other contributory causes of importance Acute Rheumatic Fever

Was an operation performed? no Date of

For what disease or injury?

Name of operation Signs & Symptoms no.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas R. Blake M. D.

(Address) 924 Fairmitte St.

DEC 13 1937

41719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 41719

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St., 14-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Jerome Pomeroy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1429 Mt Royal Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Charlotte E. Pomeroy

DATE OF BIRTH (month, day, year) August 24, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Samuel Kirk & Sons

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New Haven
(State or country) Conn.

13. NAME Charles G. Pomeroy

14. BIRTHPLACE (city or town) Wallingford
(State or country) Conn.

15. MAIDEN NAME Margaret M. Full

16. BIRTHPLACE (city or town) Wallingford
(State or country) Conn.

INFORMANT Mrs. Charlotte E. Pomeroy
(Address) 1429 Mt. Royal Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 13, 1937

UNDERTAKER Wm J. Pickup & Sons
(Address) N. Y. Ave.

FILED DEC 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-5-37, 19..., to 12-10-37, 19...

I last saw him alive on 12-10-37, 19... Death is said to have occurred on the date stated above, at 7:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-7-37
Other contributory causes of importance:	
R. V. heart disease & coronary occlusion	7-27
diabetes mellitus	yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C.S.C. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Howard W. Jones M. D.

(Address) Church Home & Infirmary

1720 HEALTH DEPARTMENT—CITY OF BALTIMORE 1720

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1802 Penrose Ave St., 40-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maria Cole Smith

(a) Residence: No. 1802 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow.
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William H. Smith
6. DATE OF BIRTH (month, day, year): Dec 29, 1849
7. AGE: Years 87 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): 00 37
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: Thomas Woodland.
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Md.
INFORMANT: Mr. Thos. H. Smith
(Address): 5009 Eugene Ave
BURIAL, CREMATION, OR REMOVAL
Place: London Natl Cem. Date: Dec 11, 37
UNDERTAKER: Wm. J. Fitzgerald & Sons
(Address): North Pt Ave.
FILED ..... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1937 to Dec. 11, 1937
I last saw her alive on Dec. 7, 1937 Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Acute Cardiac Dilatation	12/4/37
2) Arteriosclerotic Cardio-Renal Disease	

Other contributory causes of importance: Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Lancaster M. D.
(Address) 700 N. Calhoun St.

✓ F 41721

1721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Coleman Court St., 2351 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da. If U. S. Veteran specify WAR ...

2. FULL NAME Robert Lockner

(a) Residence: No. 110 Colman Court St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date UNIVERSITY MEDICAL SCHOOL DEC 1 1937 19

19. UNDERTAKER Fun. H. A. Moore

(Address)

Filed ... 19 ... Registrar.

DEC 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure	
(Excessive Cold)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Moore, M. D.

(Address) 3757 W North Ave

F 11722

1722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos. ital St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Davis

U. S. Veteran

specify WAR

(a) Residence: No. 613 W. Fairmount Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Alton Barrett

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Alton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 1 1937

19. UNDERTAKER

(Address)

20. FILED 1937 Registrar

13 1937

3885

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Coroner M. D.

(Address) 2757 W. Fairmount

11723 E 11723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH 2133 Saint Paul St

CITY OF BALTIMORE: (No.) St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War Revol

2. FULL NAME Maxwell Fauntleroy

(a) Residence: No. 2133 Saint Paul St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Fauntleroy

6. DATE OF BIRTH (month, day, year) 2/22-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Ewing Co (State or country) Va

FATHER

13. NAME Edmund Fauntleroy

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Claymore

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Mamie Fauntleroy (Address) 2133 St Paul

18. BURIAL, CREMATION OR REMOVAL Place Wares Church Date 12/16 37

19. UNDERTAKER McCaot (Address) 1217 St Paul St

DEC 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12- , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) died that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2da
Chest trauma	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Acc Date of injury 12/5 37

Where did injury occur? York near Parkton Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto out accross in front

Nature of injury Causing collision

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert D. Gurley Autop Coroner, M. D.

(Address) 902 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

41724

CERTIFICATE OF DEATH 28930--CM

41724

95-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward) B-2

Length of residence in city or town where death occurred 15yrs yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Tenace

(a) Residence: No. 318 Albemarle St., ... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married (Sep)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent (Sep)

7. DATE OF BIRTH (month, day, year) 12-6-1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	---	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME John Sorrentino

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12/14/37 19

UNDERTAKER Thos J. Kenny & Co
(Address) 1600 Bolton St

FILED DEC 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1937, to December 10, 1937

I last saw her alive on December 10, 1937. Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

41725 F 41725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital X 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Upton Henry

(a) Residence: No. Mt. Airy, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of ~~last WIFE of~~ Effie Henry

DATE OF BIRTH (month, day, year) March 4, 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mine

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Carroll Co. Md

13. NAME Upton Henry

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anne Smith

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Effie Henry

(Address) Mt. Airy. Md.

BURIAL, CREMATION, OR REMOVAL

Place St. Michaels Cem. Date Dec 16 37

UNDERTAKER C. M. Walter

(Address) Westfield, Md

FILED DEC 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1937, to Dec. 12, 1937

I last saw him alive on Dec. 12, 1937. Death is said to have occurred on the date stated above, at. 9 35 Pm.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Dec 6

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

F 11726

11726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 N Charles St. 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edgar Waters Johnson

(a) Residence: No. 2102 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
M	W	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche A Johnson

7. DATE OF BIRTH (month, day, year) Jan 17-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surveyors

10. Date deceased last worked at this occupation (month and year) Dec 37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

13. NAME Father W. Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Blanche A. Johnson
(Address) 2102 N Charles St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 15 1937

UNDERTAKER Peter F. Dyer & Son
(Address) 2100 N Charles St.

DEC 13 1937 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Dec 12, 1937

I last saw him alive on Dec 12, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma Stomach following old hemmorrhagic ulcer.	2 yrs
Other contributory causes of importance: Leucoplakia	6 mo

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Peter Dyer M. D.

(Address) 100 N Charles

1727 | L 11727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 23-1 CM Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1873 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gussie Schlinker

(a) Residence: No. None (Friend) St., 1414 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Records of Balto. City hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL Date Dec 13th 1937

UNDERTAKER Mrs Chas. G. G Roldr
(Address) 2327 Edmondson ave

DEC 13 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to December 11, 1937

I last saw h alive on December 11, 1937. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lutte M. D.

(Address) Baltimore City Hospitals

F 11728

HEALTH DEPARTMENT—CITY OF BALTIMORE

#25887
SF

11728

CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louise Washington

(a) Residence: No. 1433 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married (sep.)

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 12/31/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Clayborn Reese

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 14 37

UNDERTAKER Chas A Weber
(Address) Wm J Bradley

FILED DEC 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-16- , 1937 to 12-6 , 1937

I last saw her alive on 12-6 , 1937. Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-30-37
Hydronephrosis bilateral	?
Other contributory causes of importance: malignant cystadenoma Rt ovary	?

Was an operation performed? yes Date of

For what disease or injury? tumour

Name of operation exploratory laparotomy

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. Brantigan M. D.

(Address) Johns Hopkins Hospital

3 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4172) CERTIFICATE OF DEATH 50 F 4172)

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2103 Longwood St. 15-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma C Lietzke
If U.S. Veteran specify WAR

(a) Residence: No. 2103 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Lietzke

DATE OF BIRTH (month, day, year) June 6. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 2 yr

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John F. Groner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary Kuetze

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Charles Lietzke 2103 Longwood St

BURIAL, CREMATION, OR REMOVAL
By London Park Date 12/14 1937

UNDERTAKER Tilbury Hook
(Address) 1217 E Fort Ave

DEC 13 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1935 to Dec 12 1937.
I last saw her alive on Dec 12 1937. Death is said to have occurred on the date stated above, at 12:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face & Breast Rt with metastasis	3 yr 2 mo ago
Other contributory causes of importance: Cachexia	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Bayne M. D.
(Address) 3005 Wentworth

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41730 — CERTIFICATE OF DEATH — 131 F 41730

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 11-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Edmund Howard
(a) Residence: No. 1021 N Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louise Howard

6. DATE OF BIRTH (month, day, year): Oct 4, 1865

7. AGE: Years: about 72 | Months: 1 | Days: 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer 0063
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Union Tel Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

13. NAME

14. BIRTHPLACE (city or town) (State or country): Balto md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT: H C Brewster
(Address): 419 LaSalle ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 12/14, 1937

19. UNDERTAKER: Thomas J Kelly & Son
(Address): 1214 E Eager St

20. FILED 19 Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular renal disease	1935
Other contributory causes of importance: Hypertension	1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Edmund L Wolfe M. D.
(Address) 1331 E Monument St

✓ F 41731

HEALTH DEPARTMENT—CITY OF BALTIMORE

1731

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Mem. Hospital Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World.

2. FULL NAME Grant Fowler Mooney.

(a) Residence: No. 4507 Pimlico St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Motor Vehicles

10. Date deceased last worked at this occupation (month and year) Dec. 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John J. Mooney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary A Lynch

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT John D. Mooney
(Address) 3105 Milford Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/15/37

UNDERTAKER C Vernon Lemmon
(Address) 4611 Park Heights

DEC 31 1937 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	12/12/37

Other contributory causes of importance: Revolver shot in Left breast

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Shot by revolver

Nature of injury Left Breast

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.
Coroner

(Address) Coroner

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

1732 F 41732

CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Harvey St. or Ward) 24-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Frank

(a) Residence: No. 710 Harvey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Frank

DATE OF BIRTH (month, day, year) Dec. 19. 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wm. Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mont Knowe

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Arthur Rowe

(Address) 710 Harvey St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date May 14 1937

UNDERTAKER Margaret E. Flynn

(Address) 1422 Light St.

FILED ... 19 ... Registrar.

3 1937 Hamilton Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1937 to December 12 1937

I last saw h alive on Dec 12 1937 Death is said to have occurred on the date stated above, at 10.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance: Acute Cardiac Dilatation

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Barnard M. D.

(Address) 436 E Fort Ave

11733 ✓ Dr. Scott

HEALTH DEPARTMENT—CITY OF BALTIMORE

11733

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Patapsco Ave. Ward 5-W)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma S. Bipnick

If U. S. Veteran specify WAR

(a) Residence: No. 520 Patapsco Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bipnick

7. DATE OF BIRTH (month, day, year) Jan. 27th 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Frederick Brant

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Henrietta Henning

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Miss Esther Bipnick

(Address) 520 Patapsco Ave.

BURIAL, CREMATION, OR REMOVAL

Place W.L. Carroll Cemetery Date 12/14/ 37

UNDERTAKER E. J. Penning & Son

(Address) 1938 E. Lafayette Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th 1937 to Dec. 10th 1937

I last saw h.. alive on Dec. 9th 1937 Death is said to have occurred on the date stated above, at 7th p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the Lungs	Aug 1937
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 —

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify —

(Signed) William D. Scott M. D.

(Address) 4815 Penning ton Ave

11731 V E 11734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hosp St. 21-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 49 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos ds.
If U. S. Veteran specify WAR
2. FULL NAME Clarence J Mossberger
(a) Residence: No. 2611 Sloatfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mossberger

6. DATE OF BIRTH (month, day, year) Aug 26 '88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) 11-25-37
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Theodore Mossberger
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Alice Pearl
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Wm J Mossberger
(Address) 2611 Sloatfield Ave
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 14 1937
19. UNDERTAKER Mr-Mrs John M Tuffli & Son
(Address) 22 N Fayette St

FILED DEC 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/11/37
(Apoplexy)	

Other contributory causes of importance:

Was an operation performed? no, Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin Kanna Coroner, M. D.
(Address) 182 W Baltimore.

F 41735

41735 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 Division St. St. 17-2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eleanor (Nellie) Colbert

(a) Residence: No. 1238 Division St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C.

7. DATE OF BIRTH (month, day, year) Aug. 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0137

9. Industry or business in which work was done, as silk mill, saw mill, Bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

13. NAME Nathan Christian

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

INFORMANT Georgianna Wood

(Address) 1238 Division St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12-15-37

UNDERTAKER Mrs. George H. Holland

(Address) 1231 Druid Hill Ave

FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6- 1937 to Dec 12- 1937

I last saw her alive on Dec. 12- 1937 Death is said to have occurred on the date stated above, at 9-50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset not known

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. White M. D.

(Address) 1344 Druid Hill Ave

M. D. B. 1268-9

11736

F 11736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Druid Hill Ave 13-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Page

(a) Residence: No. 2311 Druid Hill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Florence Page

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterford Virginia

13. NAME Andrew Page Sr

14. BIRTHPLACE (city or town) (State or country) Waterford Va

15. MAIDEN NAME Laura Askins

16. BIRTHPLACE (city or town) (State or country) Waterford Va

17. INFORMANT Bernice V. Page Jr

(Address) 547 Robert St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 12/14/37. 19

19. UNDERTAKER Wm. George A. Bollard

(Address) 1631 Druid Hill Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec - 4 - . 1937. to Dec - 10 . 1937.

I last saw him alive on Dec - 10 . 1937. Death is said to have occurred on the date stated above, at 6-30? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/9/37
Acute Pneumonia Edema	12/9/37

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) M. Wilson Porter, M. D.

(Address) 4922 Roland Ave

Olivia Langley

41737 E 41737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1473 Argyle ave) (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U.S. Veteran specify WAR ....

2. FULL NAME Olivia Langley

(a) Residence: No. 1473 Argyle ave St., ... Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robt L Langley

DATE OF BIRTH (month, day, year) 10/1/87

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ft. Mary Co. Md.

13. NAME Chas. Bledsoe

14. BIRTHPLACE (city or town) (State or country) St. Mary Co. Md.

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

INFORMANT Mary E Hepburn

(Address) 1734 Hepburn ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Cathedral Date 12-14-37

UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED ..... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/37 19

22. I HEREBY CERTIFY, That I attended deceased from 12/9/37 19 to 12/10/37 19

I last saw ... alive on 12/10/37 19 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Paralysis of Lungs.	1 day

Other contributory causes of importance: Hardening

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Autopsy? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A. Lee Ellis M. D.

(Address) 8 N Eutaw

M. D. F. 1268-9

11738

HEALTH DEPARTMENT—CITY OF BALTIMORE

11738

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Densmore

(a) Residence: No. 1203 Warner St St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed or divorced~~ (or) WIFE of Oscar Densmore

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Gilmor Md

13. NAME William Mansfield

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Della Broadwater

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Oscar Densmore 1203 Warner St

BURIAL, CREMATION, OR REMOVAL Allegheny Cemetery Frostburg Md, Date Dec 14th 1937

UNDERTAKER (Address) Wm Cook 1217 St. Paul St

FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/1937

22. I HEREBY CERTIFY, That I attended deceased from 12/9/1937 to 12/13/1937

I last saw her alive on 12/13/1937 Death is said to have occurred on the date stated above, at 8.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	
Other contributory causes of importance: Pneumococcus Empyema	

Name of operation Thoracentesis Date of 12/13/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. J. Battaglia M. D.

(Address) Franklin Square Hosp

F 41739

41739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E. 22nd St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary J. Cooper

(a) Residence: No. 301 E. 22nd St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 20, 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Morris Cooper

14. BIRTHPLACE (city or town) (State or country) Cooper Town New York

15. MAIDEN NAME Josephine Robins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Alan C. Grate

(Address) 301 E. 22nd St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/14 1937

UNDERTAKER Durward L. Covington

(Address) 21 W. 20th St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1937 to Dec 7 1937

I last saw h.. alive on Dec 7 1937 Death is said to have occurred on the date stated above, 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Chr. Nephritis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) D. H. Kressy M. D.

(Address) 1812 N. Broadway

11740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11740

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gunning Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Watson

If U. S. Veteran specify WAR

(a) Residence: No. Grain Highway, Benfield, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Turner R Watson

DATE OF BIRTH (month, day, year) Feb 24 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

13. NAME John Upton

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

15. MAIDEN NAME Eliza J Bay

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

INFORMANT Mr. Turner R Watson

(Address) Grain Highway & 32 St. Benfield P O

BURIAL, CREMATION, OR REMOVAL

Place Patapsco Mem. Park Date Dec 14 1937

UNDERTAKER John F Denny

(Address) 710 Light St

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12, 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1937 to 12-11, 1937

I last saw h.. alive on 12-11, 1937 Death is said to have occurred on the date stated above, at 6.2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	
Other contributory causes of importance.	
Surgical shock	12/10

Was an operation performed? yes, Date of 12/10

For what disease or injury? Carcinoma of colon

Name of operation Intestinal resection

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis T. Dukey, M. D.

(Address) University Hospital

F 41741

41741 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 7th St. 25-4 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank H. Ballman

(a) Residence: No. 3524 7th St., Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary E Ballman

DATE OF BIRTH (month, day, year) March 6 1867

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
70	9	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brooklyn A A Co Md

12. NAME John H Ballman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs Mary E Ballman 3524 7th St. Brooklyn Md

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 15 1937

UNDERTAKER John F Denny

(Address) 212 Light St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 1937 to Dec - 12 1937

I last saw h[illegible] alive on Dec - 11 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arterio-Sclerosis — Date of onset Dec - 1 1937

Right Hemiplegia

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, s[illegible]

(Signed) Paul Leyhan M. D.

(Address) 320 Patapsco Ave

H. D. B 1268-9

41742

F 41742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1205 John St., 11-2 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kituah Tase

(a) Residence: No. 1205 John St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Tase

DATE OF BIRTH (month, day, year) Nov. 25, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Westminster Maryland

13. NAME OF FATHER Henry Matten

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Nicholas A. Peddicord 1353 W. North Ave.

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec. 15, 1937

UNDERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. North Ave.

FILED ..... 19 ..... Registrar.

1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hall Straus Coroner M. D.

(Address) 215 Hanover

F 11743

11743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No. 97-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs JOSEPHINE SHIELDS

(a) Residence: No. 5330 MAPLE AVE St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of William Shields

DATE OF BIRTH (month, day, year) Jan 13, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Wachowicz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs George Scongs

(Address) 16 Edgehill Rd.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AA Date Dec 16 1937

UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1937 to Dec. 13, 1937

I last saw HER alive on DEC 13, 1937 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BILATERAL BRONCHOPNEUMONIA	1937
HYPERTENSIVE CARDIO-VASCULAR-RENAL DISEASE	
Other contributory causes of importance:	
CHRONIC CHOLECYSTITIS AND CHOLELITHIASIS	1934

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CLIN. Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Leland E. Brien M. D.

(Address) University Hospital

11744 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11744

CERTIFICATE OF DEATH

✓ 124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Leo Deportsai

If U. S. Veteran specify WAR .....

(a) Residence: No. 2614 Ospreys Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Marby Deportsai

DATE OF BIRTH (month, day, year) Nov. 2, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper bus.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 40+5

BIRTHPLACE (city or town) (State or country) Ulster Co. N.Y.

13. NAME John Martin Deportsai

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME ? Reuhl

16. BIRTHPLACE (city or town) (State or country) Unk

INFORMANT Hosp Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date Dec. 1, 1937

UNDERTAKER Wm. J. Tickner & Sons

(Address) 1811 E. Pr. Ave.

FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1937 to 12/12, 1937

I last saw h.. alive on 12/12, 1937 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism	
Cirrhosis of Liver	
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Richard H. Hayborne Jr. M. D.

(Address) Mercy Hosp

F 41745

41745 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5616 Belair Road St. 27-4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET ABROMAITIS

If U.S. Veteran specify WAR ...

(a) Residence: No. 5616 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

6. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of WAITEKUS ABROMAITIS

DATE OF BIRTH (month, day, year) JULY 24 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month, year) NOV 193?

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) LITHUANIA

13. NAME OF FATHER THOMAS JURNAVICIUS

14. BIRTHPLACE (city or town) (State or country) LITHUANIA

15. MAIDEN NAME OF MOTHER ANNA —

16. BIRTHPLACE (city or town) (State or country) LITHUANIA

17. INFORMANT WAITEKUS ABROMAITIS

(Address) 5616 BALTIC ROAD

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date DEC 16 1937

19. UNDERTAKER Joseph Kaminskas

(Address) 602 Washington Blvd

20. FILED DEC 17 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) DEC 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 2, 1936 to DEC 12, 1937

I last saw her alive on 12 12, 1937 Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
AORTIC ANEURYSM	DEC 1936
INFLUENZA	DEC 1937

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? X-RAY Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J. Nolan, M. D.

(Address) 682 WASHINGTON BLVD

F 41746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41746

CERTIFICATE OF DEATH

182-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Willinger

(a) Residence: No. 415 N. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of George T. Willinger

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Valentine Zigrye

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Louis Willinger

(Address) 415 N. Linwood Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12-14 1937

18. UNDERTAKER Frank V. Pipitone

(Address) 2615 E. Baltimore St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy.

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schenthey M. D. Coroner

(Address) 1919 E. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11747

CERTIFICATE OF DEATH

√180

F 11747
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hennelta Cullison

If U. S. Veteran specify WAR

(a) Residence: No. 24 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Northern
6. DATE OF BIRTH (month, day, year): ? 1892
7. AGE: Years 45 | Months — | Days — | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): St Marys County Md
13. NAME of father: Silas Burns
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME of mother: Mary Jones
16. BIRTHPLACE (city or town) (State or country): Va
INFORMANT: William Burns (Nephew)
(Address): Longsville Md
BURIAL, CREMATION, OR REMOVAL: Mt Auburn Dec. 14 37
UNDERTAKER: Robert H. Cowgill
(Address): 604 N. Caroline St.
FILED . 19 .
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-11-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (her) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Accumulation of fluid dropsy Date of onset 12/1/37
Failure of Circulation

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? (Accident) Date of injury 12/14/37
Where did injury occur? (Home 24 N Spring St) (Specify city or town, County, and State)
Specify whether injury occurred in industry, in home, or in public place (Home 24 N Spring St)
Manner of injury (Was injured by cigarette)
Nature of injury (Burned in pocket of bed)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George S. Allen M. D.
Coroner
(Address) 50 Penn St.

6

Spec.—8-16-29—L. F. S.—100 Blks.

41748 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41748

CERTIFICATE OF DEATH

REGISTERED NO. 108

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Penna Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alex Ross

(a) RESIDENCE NO. 2105 Penna Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE col 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ross

DATE OF BIRTH (month, day, and year) 1851 - July

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

10 NAME OF FATHER Alex Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Julia Ross

(Address) 1453 Carey

Filed Dec 14 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Dec 13 1937, that I last saw alive on Dec 12 1937 and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Blink, M. D.

Dec 13 1937 (Address) 1001 Penna Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Dec 16 1937

20 UNDERTAKER W. A. Brooks ADDRESS 1463 N. Carey

Losinsky 4414 O.K. Paul Klemky, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41749

CERTIFICATE OF DEATH

94-13

F 41749

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, Balto. St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sophia Losinsky

(a) Residence: No. 920 E. Lombard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Lyman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Wolner

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Abraham Rvansky (Address) 920 E. Lombard St

BURIAL, CREMATION, OR REMOVAL Place Arbor Cemetery Date 12-14- 1937

UNDERTAKER Jack Levin Inc (Address) 1434 Eastern Ave.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1937, to 12/14, 1937

I last saw her alive on 12/14, 1937 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12/10/37
Arteriosclerosis	"
Hypertension	"

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Spilman M. D.

(Address) Sinai Hosp

F 41750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 41750

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Potomac St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lavinia McDonald

If U. S. Veteran specify WAR

(a) Residence: No. 108 S. Potomac St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John D. McDonald

6. DATE OF BIRTH (month, day, year): Aug 30-1853

7. AGE: Years 84 | Months 3 | Days 11 | If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Isaac Harris McDonald

14. BIRTHPLACE (city or town) (State or country): England.

15. MAIDEN NAME: Sarah A. Morrison

16. BIRTHPLACE (city or town) (State or country): Balto City

INFORMANT: Mrs Donnelly

(Address): [redacted] St

BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: Dec. 14, 1937

UNDERTAKER: John A. Moran

(Address): 3000 E. Balto St

FILED ..... 19 ..... Registrar.

DEC 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Dec 11, 1937

I last saw h er alive on Dec 10, 1937. Death is said to have occurred on the date stated above, at 10.15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Gradual
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 1101 Highland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41751

CERTIFICATE OF DEATH

121 F 41751

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 5-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbert Washington

(a) Residence: No. 1709 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/12/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4 yrs.	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Washington

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT William Washington
(Address) 1709 Bruce St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 12/ , 1937

UNDERTAKER Chas H Alexander
(Address) 1200 N. Fulton Ave

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1937 to 12-12, 1937

I last saw h.. alive on 12-12, 1937 Death is said to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance were as follows:

Ruptured Appendix
Generalized Peritonitis

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/6/37

For what disease or injury? Ruptured Appendix

Name of operation Appendectomy & Drainage

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Provident Hospital

Clara Brown ✓

41752 HEALTH DEPARTMENT—CITY OF BALTIMORE 41752

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Lauren St. 16-[illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Brown

If U.S. Veteran specify WAR ....

(a) Residence: No. 1419 Lauren St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	X Col	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Brown

DATE OF BIRTH (month, day, year) Oct 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible] 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Asbury H Burnley

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alberta Morris

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT John Brown

(Address) 1419 Laurens St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12 14 37

UNDERTAKER Frank E. Kelly

(Address) 1103 Pennsylvania Ave

FILED DEC 14 1937

Signature of Undertaker or Assistant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1937 to Dec 11 1937

I last saw her alive on Dec 11 1937 6:45 P m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/5/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Halchuf M. D.

(Address) 1118 Pa Ave

F 11753

11753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1174 Hanover St. 21-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen B. Robertson

(a) Residence: No. 1174 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Robertson

DATE OF BIRTH (month, day, year) April 2 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Capt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Mary Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT John Robertson

(Address) 2501 Madison Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/15/37

UNDERTAKER Thos. J. Kemp & Co.

(Address) 1600 Eutaw St.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/37

22. I HEREBY CERTIFY, That I attended deceased from 12/7/37, 19 ... to 12/13/37, 19 ... I last saw h... alive on 12/13/37, 19 ... Death is said to have occurred on the date stated above, at 3¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	12/7/37
Cardiac Insufficiency	10/1/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury ... may ... related to occupation of deceased?
If so, ...

(Signed) Stephen Dean M. D.

(Address) 1600 Eutaw St.

E 41754

41754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1032 Patapsco St. 23-2 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Hardy

(a) Residence: No. 1032 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen R. Hardy

DATE OF BIRTH (month, day, year) January 7, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11 mo	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grafter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Don't Know

14. BIRTHPLACE (City or town) (State or country) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (City or town) (State or country)

INFORMANT Mrs Wm. H. Tucker (Granddaughter)
(Address) 1531 Laverton Heights

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Dec. 15, 1937

UNDERTAKER A. Howard Grave
(Address) 400-02 S. Eutaw St.

FILED Dec 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1937, to Dec. 12, 1937

I last saw him alive on Dec. 12, 1937 Death is said to have occurred on the date stated above, at 9:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Indefinite	
Other contributory causes of importance:	
Acute dilatation of heart	12/10/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12/13/37 (Signed) Robert Campbell M. D.
(Address) 1644 Hanover St.

F 11755

11755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Fait Ave St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME AUGUSTA STOCK

(a) Residence: No. 3903 Fait Ave St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Stock

7. DATE OF BIRTH (month, day, year) June 11 1876

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Phillip Kiefer

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME CRESCHENTIA SCHLINGER

16. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT GEORGE J STACK (SON)

(Address) 3903 Fait Ave

BURIAL, CREMATION, OR REMOVAL

Place SACRED HEARTS Date DEC 15 1937

UNDERTAKER Lilly & Zeller Co

(Address) 403 W Baltimore St.

FILED ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/1937

22. I HEREBY CERTIFY, That I attended deceased from 11/8/37, 19..., to 12/11, 1937

I last saw her alive on 11/11/37, 19... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	
Other contributory causes of importance:	
Cardiac dilatation	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) Howard Carroll M. D.

(Address) 633-S-Conkling

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11756

11756

CERTIFICATE OF DEATH

2887 52C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., / Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Benzing

If U. S. Veteran specify WAR

(a) Residence: No. 3127 Pait Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Benzing

DATE OF BIRTH (month, day, year) 7-23-1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

BIRTHPLACE (city or town) (State or country) Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Felbaum

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT [illegible] B. & O. records

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec. 16 1937

UNDERTAKER Tully & Zeiler Inc.

(Address) 723 Lexington Ave

FILED ... 19 ... Registrar.

Dec 1937 Washington Hillsdale 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1937, to December 12, 1937.

I last saw him alive on December 12, 1937. Death is said to have occurred on the date stated above, at 12:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidemic lethargic encephalitis (?)	Nov. 1937
Other contributory causes of importance:	over

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41757

CERTIFICATE OF DEATH

46-C F 41757

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachael Stauffer

(a) Residence: No. 37 W. Wilson Blvd. St., ... Ward. Hagerstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of James L. Stauffer

DATE OF BIRTH (month, day, year) Aug. 18, 1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Broadfording Md.

12. NAME Daniel Zeller

13. BIRTHPLACE (city or town) (State or country) Wash. Co Md.

14. MAIDEN NAME Mary L. Cunningham

15. BIRTHPLACE (city or town) (State or country) Wash. Co Md.

16. INFORMANT James L. Stauffer
(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill, Hagerstown, Md. Date Dec 16 1937

18. UNDERTAKER Fred W. Kreiss
(Address) 139 N. Potomac Hagerstown, Md.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10. 1937 to December 13. 1937

I last saw h.. alive on December 13. 1937 Death is said to have occurred on the date stated above, at 5 55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon with metastases to lymph nodes, adrenals, liver, lung, and cerebellum — Date of onset unknown.

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Ernest S. Dezo, M. D.

(Address) University Hospital

1758 E 11758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Wise
If U. S. Veteran specify WAR

(a) Residence: No. 415 George St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Leah Wise

DATE OF BIRTH (month, day, year) March 16, 1905

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	32	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Accomack County Virginia

13. NAME George Edward Wise

14. BIRTHPLACE (city or town) (State or country) Accomack County Va

15. MAIDEN NAME Seymour Savage

16. BIRTHPLACE (city or town) (State or country) Accomack County Va

INFORMANT Mary Wise
(Address) 415 George St. Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place Whitesville, Va Date Dec. 19 1937

UNDERTAKER J. Edgar Thomas
(Address) Accomac, Va

FILED ..... 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1937 to Dec 12 1937

I last saw him alive on Dec. 12 1937. Death is said to have occurred on the date stated above, at 2 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Cor Pulmonale Nephritis	?

Other contributory causes of importance

Hypertension.	?
Bronchopneumonia.	?

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? yes,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify —

(Signed) Joseph E. Bunker M. D.
(Address) University Hospital

41759 HEALTH DEPARTMENT—CITY OF BALTIMORE 41759

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General St., 24th Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mrs. Wm D. Kelly

(a) Residence: No. 2918 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Kelly

DATE OF BIRTH (month, day, year) Aug 5 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Fire Ins Co
10. Date deceased last worked at this occupation (month and year) Sept 37 | 11. Total time (years) spent in this occupation 40
BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Thomas H. Kelly
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ellen McCabe
16. BIRTHPLACE (city or town) (State or country) Ireland
INFORMANT Mrs Alice E. Kelly
(Address) 2918 Riggs Ave
BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 16 1937
UNDERTAKER Chas E. Sisandi & Son
(Address) 822 Madison Ave
FILED Dec 16 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1937
22. I HEREBY CERTIFY, That I attended deceased from 10-4 1937 to 12-13 1937
I last saw him alive on 12-13 1937 Death is said to have occurred on the date stated above, at 3:0 p m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach — Date of onset ?

Other contributory causes of importance

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Ulleze MD M. D.
(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11760 — CERTIFICATE OF DEATH — 107-a — F 11760

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Agnes Harrison

(a) Residence: No. 32 [illegible] Rd (Town) St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	W	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 3 - 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Agnes M Harrison

(Address) 32[illegible] Rd Towson

BURIAL, CREMATION, OR REMOVAL

[illegible] land Date 12/15 1937

UNDERTAKER Leonard Pugh

(Address) 5[illegible] Loraine Ave

FILED [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12th 1937 to Dec 12th 1937

I last saw her alive on Dec 12th 1937. Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 5th 1937
Bacteremia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. King B. E. Seegar, Jr. M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41761

CERTIFICATE OF DEATH

82-A F 41761

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Ashland Ave 10-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Woodyard

(a) Residence: No. 1025 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clem Woodyard

DATE OF BIRTH (month, day, year) April 10-1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brunswick Md

13. NAME Samuels Agnes

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Matthews Agnes

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Samuels Woodyard
(Address) 1025 Ashland Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 12/15/ 1937

UNDERTAKER Frances A. Hensley
(Address) 538 W. Biddle St.

FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Dec 12 1937

I last saw her alive on Dec 12 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemiplegia	Dec 6 1937
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? No

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo Sallen M. D.

(Address) 507 Augusta St

11762 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11762

CERTIFICATE OF DEATH

59 X 472

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs ANNIE HARVER

If U. S. Veteran specify WAR .....

(a) Residence: No. BEL AIR MD. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	WHITE	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Percy F. Harver

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

12. NAME not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Annie C. Gleagle

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Frederick Harver

(Address) Bel Air, Md.

BURIAL, CREMATION, OR REMOVAL

Place Baust Cem. Date Dec. 16, 1937

UNDERTAKER H. Bankard & Son

(Address) Westminster, Md.

FILED ..... 19 ..... Registrar

1937 Huntington Pollitsville, Pa H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/1937

22. I HEREBY CERTIFY, That I attended deceased from 5/13 1937 to 12/14 1937

I last saw her alive on 12/14 1937 Death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
COLON BACILLUS SEPTICEMIA	1937
" " PYELITIS	
" " SUPPURATIVE THYROIDITIS	
" " PUBIC OSTEOMYELITIS	

Other contributory causes of importance:

GENERALIZED THROMBOPHLEBITIS

DIABETES MELLITUS --- 1932

Was an operation performed? YES Date of 9/14 10/7/37

For what disease or injury? INCISION & DRAIN. PUBIC OSTEOMYELITIS

Name of operation (2) OF THYROIDITIS

What test confirmed diagnosis CLIN. Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Roland E. Bieri M. D.

(Address) University Hospital

F 11763

11763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93C

13-7

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4125 Falls Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Regina Chalk

If U.S. Veteran specify WAR ---

(a) Residence: No. 4125 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank C. Chalk

DATE OF BIRTH (month, day, year) May 1, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charles County Maryland

13. NAME Joseph Stone

14. BIRTHPLACE (city or town) (State or country) Charles County Maryland

15. MAIDEN NAME Maria Farrell

16. BIRTHPLACE (city or town) (State or country) Charles County Maryland

INFORMANT (Address) Miss Mabel R. Wingate 4125 Falls Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 12/15 37

UNDERTAKER (Address) Henry H. Meakes Son 802 N. Calvert St.

FILED DEC 17 1937 Mabel R. Wingate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937 to Dec 12, 1937

I last saw h[illegible] alive on Dec 12, 1937 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. Kadow M. D.

(Address) 2306 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

41764

F 41764

23

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-1

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5354 Resterstown Road. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr George J C Gammont

(a) RESIDENCE NO. 5354 Resterstown Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Bradley Gammont

DATE OF BIRTH (month, day, and year) ~~Sept 7, 1894~~ Mar 13 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	8	1	

OCCUPATION OF DECEASED 0086

(a) Trade, profession or particular kind of work inspector of pipes

(b) General nature of industry, business, or establishment in which employed (or employer) Steel corporation.

(c) Name of employer Bethlehem Steel Corporation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER George Gammont

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant wife (Mrs. Agnes Gammont)

(Address) 5354 Resterstown Rd

Filed ... 1937 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec, 12, 1937

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to Nov 20, 1937, that I last saw h[illegible] alive on Nov 20, 1937 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal & pharyngeal tuberculosis (duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of June 1936

Was there an autopsy? no

What test confirmed diagnosis? X ray & chest. sputum

(Signed) M. C. Small, M. D.

Dec 14, 1937 (Address) 18 W. Read St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 12/15 1937

20 UNDERTAKER Leonard J. Rauch — ADDRESS 5005 Reisterstown Rd

F 11765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5 59

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Gertrude Niblett

If U. S. Veteran specify WAR No Record

(a) Residence: No. R. F. D. 3 Pocomoke City St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-14-79

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME James Burke

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Charlotte Richardson

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Pocomoke City Md Date Dec 14 1937

UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED ..... 1937 ..... Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1937 to Dec 13, 1937

I last saw her alive on Dec 13, 1937. Death is said to have occurred on the date stated above, at 9 00 p.m.

The principal cause of death and related causes of importance were as follows:

Dissecting aneurism of aorta, due to arteriosclerosis, with rupture into bronchus - Cirrhosis of liver -

Date of onset

Other contributory causes of importance:

Diabetes mellitus, mild.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Luetscher, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 11766

1766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-293D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 E. 33d St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Sweeney

(a) Residence: No. 101 E. 33d St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

3a. If married, widowed, or divorced: HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) Apr 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. NAME Patrick Sweeney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Ungstad

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John Sweeney

(Address) 101 E. 33d St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Dec 15 37 19

19. UNDERTAKER Fred. G. Krause & Son

(Address) 1215 E. Fayette St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1937, to Dec 13, 1937

I last saw him alive on Dec 13, 1937. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

myocardial degeneration — Date of onset 2 yrs ?

auricular fibrillation

Other contributory causes of importance: none

Name of operation — Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno A Luetscher M. D.

(Address) 1 W Mulberry St

E 11767

1767

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

27-18 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital, ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME ..... Bailey

(a) Residence: No. 3914 W. Garrison Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret C. Bailey

DATE OF BIRTH (month, day, year) Jan. 23, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer (Ret.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Cathedstown Ireland

15. MAIDEN NAME Catherine Hannan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Mrs Margaret Bailey 3914 W. Garrison Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/15/37 19

UNDERTAKER (Address) Fred A. Krause & Son 1300 E. Chase St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1937. to Dec. 12, 1937.

I last saw him alive on Dec. 12, 1937. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulonephritis — Date of onset ?

Chronic myocarditis with auricular fibrillation — 12/6/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) Gilbert E. Cushman M. D.

(Address) St. Josephs Hospital

11768 E 11768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-1 93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Reynolds
If U. S. Veteran specify WAR

(a) Residence: No. 610 N. Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah V. Reynolds

6. DATE OF BIRTH (month, day, year) NOV. 6, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Paul Reynolds
(Address) 11 S. Fremont Rd

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Dec 15, 1937

UNDERTAKER Margaret F. Flynn
(Address) 1422 Eight St

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Other contributory causes of importance: Cardiac Hypertrophy + Dilatation	Dec 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel C. Wolfe Coroner, M. D.

(Address) 133 S. North Ave

✓ F 41769

41769 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 24-3 93-C

Registered No.

1. PLACE OF DEATH SOUTH BALTIMORE GENERAL HOSPT.
CITY OF BALTIMORE: (No. ..... St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME REGINA S. HARPS

(a) Residence: No. MCCORMICK NR. HAMILTON AVE., Ward. Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM L. HARPS

7. DATE OF BIRTH (month, day, year) SEPT. 23, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME 1937

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE CO.

13. NAME GEORGE RIEDEL

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME BARBARA AMPTMAN

16. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT FRANCIS W. HARPS (SON)
(Address) MCCORMICK NR. HAMILTON AVE.

BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date DEC. 15, 1937

UNDERTAKER Lilly & Zeiler INC.
(Address) 22 S. POPLAR ST.

FILED ... 19... Registrar
1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) R. H. Cruchen M. D.
(Address) 2757 a moss ave

41770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41770

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Liberty Heights Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Laird

(a) Residence: No. 3429 Liberty Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie L. Laird

DATE OF BIRTH (month, day, year) Sept 17, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Electrical Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & A. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0073

BIRTHPLACE (city or town) (State or country) md

13. NAME Henry Laird

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Elizabeth Fendley

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Mrs Florence E. Smith

(Address) 3429 Liberty Heights Ave

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Dec 15 1937

UNDERTAKER Ehrenwerth Son

(Address) 3615-17 Chestnut Ave

FILED DEC 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937 to Dec 12, 1937,

I last saw him alive on Dec 12, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	Dec 11 37
Other contributory causes of importance:	
Acute cardiac failure.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, how? ...

(Signed) E. W. Koons M. D.

(Address) 1 E. Fayette St.

E. W. KOONS, M.D.

F 41771

1771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital 2011 Registered No. 210 N

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. veteran specify WAR

2. FULL NAME Ella Virginia Baddeley

(a) Residence: No. Rayville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25 - 1937

7. AGE: Years 25 | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, weaver, etc. Bank Clerk & Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Baltimore Md

13. NAME Clayton R. Baddeley

14. BIRTHPLACE (State or country) Rayville Md

15. MAIDEN NAME Mary Alban

16. BIRTHPLACE (State or country) Woodsville Md

INFORMANT Clayton R Baddeley

(Address) Rayville Md

17. BURIAL, CREMATION, OR REMOVAL

Place Bird Grove Date Dec 17 1937

UNDERTAKER P. Markland Long

(Address) White Hall Md

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] and from the evidence obtained by said inquest, Attorney or Inquiry and that said deceased came to death on the day stated above.

Hubert J Grady Autopsy
(Coroner, Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Date of injury 12/14/37

Where did injury occur? Smallwood & Fayette St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Give brief description of how injury occurred Bicycle between Auto & Truck - truck turned over

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert J Grady Auto M. D.
Coroner

(Address) 902 Cathedral St

41772 E 41772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-4 107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Fayette Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antonia Pasta

(a) Residence: No. 2004 E. Fayette Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Salvatore Pasta

DATE OF BIRTH (month, day, year) Sept. 15th, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Antonio Annello

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Bucchere

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Samuel Annello
(Address) 2004 E. Fayette Street

BURIAL, CREMATION, OR REMOVAL:
Place Holy Redeemer Cem. 12/15/37, 19

UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

FILED DEC 15 1937, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13th, 37

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 19 37, to 12/13, 19 37.

I last saw h[illegible] alive on 12/13, 19 37. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. L. Hornstein, M. D.

(Address) 733 Augusta Ave

41773 F 41773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-3

Registered No. 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Patapsco St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland E. Baysnar If U.S. Veteran specify WAR No Record

(a) Residence: No. 1733 Patapsco St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Nov 9-1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Bayner Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Marie M Armbruster

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Mary Bayner 1733 Patapsco st

BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Dec 15 1937

UNDERTAKER (Address) Williams Coffee 1917 St Paul St

FILED DEC 15 1937 Registrar. Williams MD

MEDICAL CERTIFICATE OF DEATH 3 05 AM

21. DATE OF DEATH (month, day, year) Dec 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11/37 1937 to Dec 14/37 1937

I last saw him alive on Dec 14/37 3 10 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Influenza

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos J Boldt MD M. D.

(Address) 1703 Eutaw St Baltimore

41771 ✓ F 41774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-b

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877
CITY OF BALTIMORE: (No. Bay View St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Nikandus Fussketter
(a) Residence: No. 1309 Cookside St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Susanna Fussketter

7. DATE OF BIRTH (month, day, year) Sept 25-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Austria-Hungary
13. NAME John Fussketter
14. BIRTHPLACE (city or town) (State or country) Austria-Hungary
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Austria Hungary
17. INFORMANT Rose Fussketter Daughter
(Address) 1309 Cookside
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Brooklyn) Date Dec 16 1937
19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St
20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest or Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest or Autopsy or Inquiry) find that said deceased came to his death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary - Thrombosis	4 hrs.
Septs. inguinal hernia	4 hrs.
Other contributory causes of importance: Arterio-sclerosis, Emphysema	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1712 N. Broadway

41775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41775

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Strickland St., Ward) 94 b

Registered No. 20-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Bernard Holtman

U. S. Veteran? specify WAR No Record

(a) Residence: No. 3114 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Holtman

7. DATE OF BIRTH (month, day, year) Oct 16 95

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 9086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) 1/1/37 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

13. NAME Robert F Holtman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rita Lilley

16. BIRTHPLACE (city or town) (State or country) Elizabeth City N C

INFORMANT Goldie Holtman

(Address) 3114 Strickland

BURIAL, CREMATION, OR REMOVAL 1/16/37

Woodlawn Memorial Park 19

UNDERTAKER William Cook

(Address) 1217 E Fayette St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	12/13/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Morton Warner Coroner M. D.

(Address) 1822 N Eutaw St

6

Wheeler

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41776

CERTIFICATE OF DEATH

14-2 F 41776

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1617 Pennsylvania Ave; Ward) 9 3rd (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel L. Wheeler

If U. S. Veteran specify WAR

(a) Residence: No. 1607 Pennsylvania Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Rhodes

6. DATE OF BIRTH (month, day, year) April 8, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Sevier B. Wheeler

14. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

15. MAIDEN NAME Mary J. Bean

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

INFORMANT Mrs. Viola E. W. Taft

(Address) 1612 McCulloh St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12-15-37

UNDERTAKER Mrs. George N. Ballard

(Address) 1631 East Fayette St.

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 , 1937,

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above, 11 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis,	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 12-15 ...

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41777

CERTIFICATE OF DEATH

F 41777

5-182-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Length of residence in city or town where death occurred Cyrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Wootten

(a) Residence: No. 1424 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) ? 1899

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

13. NAME Allen Woolen

14. BIRTHPLACE (city or town) (State or country) NC

15. MAIDEN NAME Ida Sesson

16. BIRTHPLACE (city or town) (State or country) NC

INFORMANT Lulu Everett

(Address) 1424 E Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Parbow NC Date Dec 15th 19 37

UNDERTAKER Elroy C Wilson

(Address) 1100 Broadway Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by (Inquest, Autopsy or Inquiry) and from my attendance on the deceased, I have knowledge that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	?
Hypertension	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lucy S. Allen M. D.
Coroner

(Address) 500 Cresmont Ave

1778 HEALTH DEPARTMENT—CITY OF BALTIMORE C 11778

CERTIFICATE OF DEATH 28617--CM

1. PLACE OF DEATH

Registered No. 16-2

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward) 950 No Inf.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Brogden

If U. S. Veteran specify WAR

(a) Residence: No. 907 N. Parrish St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Unknown

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Unknown	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor. 00 D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records of Balto. City Hospts.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/15, 37

UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED ..., 19... Registrar

DEC 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937, to December 11, 1937

I last saw h... alive on December 11, 1937. Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-6-37
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. G. De Santella M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41779

CERTIFICATE OF DEATH

F 41779

Registered No. 16-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 82a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Brooks

(a) Residence: No. 1511 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 25 83

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Bernhuns Brooks

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Jane Montague

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Joe Wormley

(Address) 1905 Fulmer St

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 15 37

UNDERTAKER Thomas E. Kelson

(Address) 1503 Pennsylvania Ave

FILED . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec 12 1937

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucy L. Allen M. D.
CORONER

(Address) 507 Eutaw Pl. Ave.

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41780

41780

CERTIFICATE OF DEATH

Registered No. 182

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan Boone

(a) Residence: No. 709 North Carrollton Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 12 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Father Boone

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mary E. Fletcher

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Marie Green

(Address) 1366 N. Stricker St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 15 37

UNDERTAKER Thomas E. Nelson & Son

(Address) 303 Preston St

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1937 to 12/11, 1937

I last saw her alive on 12/11, 1937 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pulmonary Tuberculosis	
Symptomatic	
b Tuberculous Pericarditis	
(Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irving Freeman, M. D.

(Address) Univ. Hosp.

E 11781 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11781

CERTIFICATE OF DEATH 28570 349-82a

Registered No. 4-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Williams

(a) Residence: No. 736 Vine St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene

DATE OF BIRTH (month, day, year) 9-23-1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records of Balto. City Hosps.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/16/37

UNDERTAKER Wm a Parkson

(Address) 241 Pennsylvania Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937, to December 11, 1937.

I last saw him alive on December 11, 1937. Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-6-37
Other contributory causes of importance: Cerebral hemorrhage	11-26-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Lawtable, M. D.

(Address) Baltimore City Hospitals

11782 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11782

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1074

CITY OF BALTIMORE: (No. 2713 Parkwood ave St., Ward) If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anastasia V. Driscoll — If U. S. Veteran specify WAR

(a) Residence: No. 2713 Parkwood ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frank Driscoll

7. DATE OF BIRTH (month, day, year) Apl 1876

7. AGE — Years 61 | Months 8 | Days 1 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible] | 11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Michael Fogarty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Barbara

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cecilia V. Driscoll
(Address) 2713 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 16, 37

19. UNDERTAKER John A. Magar
(Address) 3000 E. Balto St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1937 to Dec. 14 1937

That I last saw her alive on Dec 13 1937 Death is said to have occurred on the date stated above, at 1.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/10/37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elbert C Reitz M. D.

(Address) 2245 Reisterstown Rd Balto Md.

1783 HEALTH DEPARTMENT—CITY OF BALTIMORE 1783

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1601 Harford Ave St., Ward 31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth J. Bova

If U. S. Veteran specify WAR

(a) Residence: No. 1601 Harford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Bova

DATE OF BIRTH (month, day, year): June 28, 1915

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): 40-7

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Frank Peters

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Marie Matajka

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mr. Frank Bova

(Address) 1601 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Dec 16, 1937

UNDERTAKER: John A. Moran

(Address) 3000 E. Balto St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2. 1937 to Dec. 14 1937

I last saw her alive on Dec. 12 1937. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset: Not Known

Other contributory causes of importance:

Acute pericarditis — Date of onset: Nov. 8 1937

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edward Bovar M. D.

(Address) 101 W. Read St.

F 11784

11784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-5 948

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 E North Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Clarkson Knorr

(a) Residence: No. 1830 E North Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane Knorr

DATE OF BIRTH (month, day, year) May 28 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Knorr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Duncan Bandle

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

INFORMANT Mrs Jane Knorr

(Address) 1830 E North Ave

BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date Dec 17 1937

UNDERTAKER Albert L. Wilkinson

(Address) Wilkinson Undertaking Co

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1937 to Dec 14th 1937

I last saw h 4 alive on Dec 14th 1937. Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Dec 4/37
Arteriosclerosis	3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. Fendler Gutberg M. D.

(Address) 1900 Eastern Ave.

41785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41785

1. PLACE OF DEATH

13-2 Registered No. 13

CITY OF BALTIMORE: (No. 2211 Eutaw Place St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mary E. Coma

If U. S. Veteran specify WAR

(a) Residence: No. 2211 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Francisco Coma

DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William E. Love

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary E. Cooke

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Virginia

INFORMANT Dr. Wm S. Love

(Address) 2211 Eutaw Pl.

BURIAL, CREMATION, OR REMOVAL

Place Balt. Mem. Park Date Dec 16 1937

UNDERTAKER Henry H. Perkins & Richard Hagerstown

(Address)

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 1927 to Dec 14 1937

I last saw her alive on Dec 13 1937 Death is said to have occurred on the date stated above, at ? A.m. in Sleep

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Glomerular)	?
Arterio Sclerotic Cardio-vascular disease	?
Coronary artery disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm S. Love Jr M. D.

(Address) 2211 Eutaw Place

41786 ✓ F 41786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 16-5

CITY OF BALTIMORE: (No. 2510 W. Lafayette Ave St., Ward) (If death occurred in an hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josiah H. Pattersfield — If U. S. Veteran specify WAR

(a) Residence No. 2510 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Pattersfield
6. DATE OF BIRTH (month, day, year): Sept 23, 1859
7. AGE: Years 78 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Trading
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 35
12. BIRTHPLACE (city or town) (State or country): Landano, Va.
13. NAME of father: Josiah Pattersfield
14. BIRTHPLACE (city or town) (State or country): Va.
15. MAIDEN NAME of mother: Sarah Jenkins
16. BIRTHPLACE (city or town) (State or country): Penna
17. INFORMANT: Mrs Mary E. Pattersfield
(Address) 2510 W. Lafayette Ave
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date Dec 14 1937
19. UNDERTAKER: Geo W. Little
(Address) 2700 Edmondson Ave
20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 2 (15) days

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, by Stroke	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Klein Cramer, Coroner, M. D.
(Address) 215 Fallsway

6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41787 — CERTIFICATE OF DEATH — 94B 12-5 — F 41787

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Marylandale Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary J. Johnson

(a) Residence: No. 1735 Maryland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Melton

DATE OF BIRTH (month, day, year) July 24 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Evangelope S.C.

13. NAME James Boone

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Nancy Boone

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT (Address) Melton, Johnson 1735 Maryland Ave

BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Cem. Date Dec 16 37

UNDERTAKER (Address) Mrs. Rob't A. Elliott & daughter 1129 Caroline st

FILED Dec 14 37 Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937 to Dec 12 1937

I last saw her alive on Dec 12 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Indefinite
Other contributory causes of importance: Gastritis and Neuritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Garland Ahrens M. D.

(Address) 1534 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41788 — CERTIFICATE OF DEATH — F 41788

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maine [illegible]

If U. S. Veteran specify WAR

(a) Residence: No. 823 [illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) May 4 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Joshua Warfield

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Della Blackman

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT [illegible] Jackson

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Cem. Date Dec 15 1937

19. UNDERTAKER Robert Elliott-daughter

(Address) 1129 N. Carlton St.

FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 1937

22. I HEREBY CERTIFY, That I [illegible] of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by (Inquest, Autopsy or Inquiry) the said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12-12

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

6

F 41789

HEALTH DEPARTMENT—CITY OF BALTIMORE

28668

CERTIFICATE OF DEATH

6-5 F 41789

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward) 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amos Hammond

If U. S. Veteran specify WAR

(a) Residence: No. 1637 E. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olivia

DATE OF BIRTH (month, day, year) 6/7/~~1866~~ 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~71~~ 67	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Peck

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Arbutus mem-Pk Date 12-16 1937

UNDERTAKER Mrs R. C. Elliott-Doughtery
(Address) 1129 N. Caroline St

FILED ..... 19.....
Registrar.

DEC 17 1937 Lexington Millards, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29 . 1937 to 12-12 . 1937

I last saw h.im alive on 12-12 . 1937. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermuscular Sarcoma of left foot	2 mo.
Other contributory causes of importance: Uremia	5 days

Was an operation performed? yes Date of 12-4-37

For what disease or injury? Intermuscular sarcoma of left foot

Name of operation Mid-thigh amputation

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Beauregard, M. D.

(Address) Baltimore City Hosp.

11790

HEALTH DEPARTMENT—CITY OF BALTIMORE

11790

CERTIFICATE OF DEATH

13-6 75

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Toxandat 1220 Union Ave Ward) Hampden (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Miller If U. S. Veteran specify WAR

(a) Residence: No. 1114 N 36th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gilman

6. DATE OF BIRTH (month, day, year) 5-10-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6108

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Geo. Miller

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna J Montgomery

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Co Treas Miller
(Address) Easton Md.

17. BURIAL, CREMATION, OR REMOVAL
Place Springhill Cem Easton Md Date Dec 17 1937

18. UNDERTAKER James A. Spencer
(Address) Easton Md

FILED 19 Registrar.

DEC 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism — Date of onset 12/14/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm A Evans M. D.
Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41791

CERTIFICATE OF DEATH

F 41791

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward) 7

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Munck

If U. S. Veteran specify WAR

(a) Residence: No. 2500 Emerson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 27 1909

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H. Munck

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Chambers

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Father

(Address) 2500 Emerson St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec 16/37

UNDERTAKER F. B. Herbert & Son

(Address) 300 Eutaw Place

FILED DEC 15 1937, 19 E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1937 to 12-13-, 1937

I last saw h alive on 12-13-, 1937 Death is said to have occurred on the date stated above, at 5-18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	12-10
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Phillip Gelston M. D.

(Address) Sydenham Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41792

CERTIFICATE OF DEATH

15-2 F 41792

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N Fulton Ave St., Ward) 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lawrence Smith

if U. S. Veteran specify WAR .....

(a) Residence: No. 1718 N Fulton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Ida May Smith

DATE OF BIRTH (month, day, year) Dec 22-1867

AGE	Years	Months	Days	if LESS than 1 day ... hrs. or ... min.
	69	11	21	

8. Trade, profession, or particular kind of work done, as shipyard clerk 0009
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as ... Supervisory Asst B & O RR
saw mill, bank, etc.

10. Date deceased last worked in this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Richard R. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Hengarmer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Ida M. Smith

(Address) 1718 N Fulton Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Dec 16-37

UNDERTAKER Wm J Tucker & Son

(Address) Hoffman

FILED ..... 19... Registrar

DEC 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1937 to Dec 13, 1937.

I last saw him alive on Dec 13, 1937. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Coronary thrombosis	

Other contributory causes of importance:

Arteritis general

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Swartzbaugh M. D.

(Address) 540 Belair Rd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41793 F 41793

CERTIFICATE OF DEATH.

27-12

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 East Lake Ave. ST.; WARD) 9 3 C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Williams Effinger.

(Residence in Baltimore: No. 411 East Lake Ave. St.; 1 yrs., 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 30, 1871. (Month) (Day) (Year)

7-AGE, 66 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Retired Merchant (b) General nature of industry, business, or establishment in which employed (or employer) Department Store

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, Gerard Effinger

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Betty Sarah Joner

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Leona Effinger

(Address) 411 E. Lake Ave.

Filed....., 191..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14, 1937. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1937, to Dec. 14, 1937, that I saw h-m alive on December 14 1937, and that death occurred, on the date stated above, at 1:55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic M.y.o.carditicus

Arterio-Sclerosis Hypertension

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

(Duration) yrs. mos. 1 ds.

(Signed) R. W. Schlosser M. D.

Dec. 14, 1937 (Address) 600 Baltimore Avenue Towson Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harrisonburg, Va. DATE OF BURIAL, Dec 16 1937

20-UNDERTAKER Wm. J. Tuckner & Son ADDRESS N. Paca

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11794

CERTIFICATE OF DEATH

10-1

F 11794

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St. St., Ward) 93-C

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Dean

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret C Haines

DATE OF BIRTH (month, day, year): Dec. 26 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Md.

13. NAME: John F. Dean

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Mary — ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT: Sister Stanislaus, Supr
(Address) Little Sisters of the Poor, city

BURIAL, CREMATION, OR REMOVAL

Place: Druid of Rochr Md Date: Dec 16, 1937

UNDERTAKER: Peter Windfeld
(Address) 917 Greenmount Ave

FILED 19 Registrar.

DEC 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Dec 14, 1937

I last saw h[illegible] alive on Dec 12, 1937. Death is said to have occurred on the date stated above, at 1-P.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

Date of onset: ?

Other contributory causes of importance:

Arth Deformans — Dy

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Mc Gachen, M. D.

(Address) 1114 Hollins

41795 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41795

CERTIFICATE OF DEATH

23-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Hanover St., Ward) 82-a

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Henry Frederich Eckhardt, Jr. If U. S. Veteran specify WAR

(a) Residence: No. 1707 Hanover St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederickea Eckhardt (nee Stoffregen)

DATE OF BIRTH (month, day, year) Dec. 19th 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Wm Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Frederickea Eckhardt

(Address) 1707 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 12/16/37

UNDERTAKER No. Wilson & Son

(Address) 2503 Edmondson Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1937 to Dec. 13 1937

last saw h. alive on Dec. 13 1937 Death is said to have occurred on the date stated above, at 5.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/12/37
Other contributory causes of importance: Acute dilatation of heart	12/12/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12/14/37 (Signed) Wm. L. Campbell M. D.

(Address) 1644 Hanover St

F 11796 E9665 SF

11796 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-p

166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Carroll Kelly

(a) Residence: No. 918 Ashburton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth M. Kelly

DATE OF BIRTH (month, day, year) 11/3/1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Margarette Callaghan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 12/16/ 1937

UNDERTAKER John J. Cowan & Son
(Address) 1900 Eastern Ave.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15 1937 to December 13 1937

I last saw him alive on December 13 1937. Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Autopsy What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. C. De Lawder M. D.

(Address) Baltimore City Hospitals

E 41797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41797

CERTIFICATE OF DEATH

V4-2 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine McIntyre (28363) If U. S. Veteran specify WAR

(a) Residence: No. 752 Wenscha St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Al

DATE OF BIRTH (month, day, year) August 25, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29.	29	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Cicero MacMillen

14. BIRTHPLACE (city or town) (State or country) ??

15. MAIDEN NAME Ann Jane McCarehan

16. BIRTHPLACE (city or town) (State or country) ??

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 12/16/ 1937

UNDERTAKER Frances A. Demsey
(Address) 579 W. Biddle St

FILED ..... 19..... Registrar.

DEC 16 1937

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937 to December 12, 1937

I last saw her alive on December 12, 1937 Death is said to have occurred on the date stated above, at 8:08 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset June 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Cassidy M. D.
(Address) Balto. City Hospitals

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41798

CERTIFICATE OF DEATH.

19-N 108

REGISTERED NO. B 41798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 N. Gilmor ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Brown

(a) RESIDENCE NO. 505 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Brown

DATE OF BIRTH (month, day, and year) b-21-1889

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	48	5	20	

OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) Anne Arundel Co (State or country) Md

12 MAIDEN NAME OF MOTHER Lizzie Gray

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co. Md (State or country)

Informant Fannie Brown (Address) 505 N. Gilmor

Filed DEC 1 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11-37

17 I HEREBY CERTIFY, That I attended deceased from 11-30-1937, to 12-11-1937, that I last saw h[illegible] alive on 12-11, 1937, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Mason Williams M. D.

12-14, 1937 (Address) 201 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL Dec 16, 37

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 S Broadway

(799) HEALTH DEPARTMENT—CITY OF BALTIMORE (799)

CERTIFICATE OF DEATH

Registered No. 18-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 955 Bennett Place (St., Ward) 11a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Clara Bivens

(a) Residence: No. 955 Bennett Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Bivens

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

15. MAIDEN NAME Adelaide Bailey

16. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

INFORMANT Mary Griffin

(Address) 955 Bennett Place

BURIAL, CREMATION, OR REMOVAL

Place Mt Brown Date Dec 15, 1937

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Grippe & Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

F 41800

41800 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Orleans St., Ward) 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Bardley

If U. S. Veteran specify WAR

(a) Residence: No. 1409 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 16-1937

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME of Father William Bardley

14. BIRTHPLACE (city or town) (State or country) Easton Maryland

15. MAIDEN NAME of Mother Esther Hopkins

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Esther Bardley

(Address) 1409 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec 15 '37

UNDERTAKER Robt E Williams

(Address) 1515 McElderry St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 10 1937

I last saw her alive on Dec 10 1937 Dec 12 1937 Death is said to have occurred on the date stated above, at 3 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	

Other contributory causes of importance:

Empyema - Tracheo-Bronchitis Anopsinia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify Infant

(Signed) Henry L. Rayle, M. D.

(Address) Municipality Hosp.

1801 11801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1801 Registered No. 11B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenhurst Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kenneth Beam

(a) Residence: No. Finksburg, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): March 8, 1930

8. AGE: Years 7 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Upperco, Maryland.

13. NAME: James Beam

14. BIRTHPLACE (city or town) (State or country): Finksburg Maryland

15. MAIDEN NAME: Grizelda Cooper

16. BIRTHPLACE (city or town) (State or country): Upperco, Maryland

INFORMANT (Address): mother Grizelda Cooper Finksburg, Maryland.

BURIAL, (~~cremation or removal~~) Place: Druley Cem. Date: 12/17/37

UNDERTAKER (Address): Edw. Clipton Hampstead Md

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1937 to December 15, 1937

I last saw him alive on December 15, 1937 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

Pneumococcal and Influenzal meningitis — Date of onset 12/3/37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Lumberpuncture Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Harry J. Tindel, M. D.

(Address) Lydenhurst Hosp.

F 41802

M. D. P. 1268-9

41802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 19-2

1. PLACE OF DEATH 1404 West Lexington St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1404 St., Ward) 131

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Jane C. Mulstead

(a) Residence: No. 1404 West Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1, 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Hundley Mulstead

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME Katherine Colbert

15. BIRTHPLACE (city or town) (State or country)

INFORMANT Elizabeth T. Coe, Supt
(Address) 1404 W. Lexington St Baltimore, Md

BURIAL, CREMATION, OR REMOVAL Pla Greenmount Date 12/18 1937

UNDERTAKER J. McCoy
(Address) 1217 St. Paul St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933 to 12/15/1937

I last saw her alive on 12/14/1937 Death is said to have occurred on the date stated above, at 6 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease (Myocarditis, chronic with arterio-sclerosis generalized-hypertension and chronic nephritis)	
Other contributory causes of importance: Apoplexy	7 1/2 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elmer B. Mason M. D.

(Address) 1115 St. Paul St., City

11803

F 41803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George McDowell

If U. S. Veteran specify WAR

(a) Residence: No. 314 N. Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of aug 1 – 1903

7. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) B. C.

13. NAME Stevins McDowell

14. BIRTHPLACE (city or town) (State or country) B. C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S C

INFORMANT Belle V Hopkins

(Address) 314 N. Stricker

PURIAL, CREMATION, OR REMOVAL.

Place Arbutus Memorial Date Dec 15, 1937

UNDERTAKER Mrs Katie R Williams

(Address) 322 1 Schroeder St

FILED ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Liver	
Other contributory causes of importance:	

Was an operation performed? Yes Date, Dec. 12, 1937

For what disease or injury? Injury

Name of operation Rupture of liver Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 10, 1937, 19

Where did injury occur? Unknown

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Probably due to a fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. O'C Collins, M. D.

(Address) 2757 W Nora Coroner

41804 F 41804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-130 ✓

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 4 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary R. Davis

(a) Residence: No. 613 W. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mose Davis

6. DATE OF BIRTH (month, day, year) May 21, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... At Home 1937

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Alton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Susie Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mose Davis
(Address) 613 W. Fairmount

17. BURIAL, CREMATION, OR REMOVAL
Place ... Date ...
Mt Auburn Cemetery Dec 13, 1937

18. UNDERTAKER Hales R. Williams
(Address) 322 N Bethel St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Coma	
Other contributory causes of importance:	new

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. H. Collins M. D.
Coroner

(Address) 3757 W. Lombard

6

F 41805

F 41805 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Cor Edmondson Ave & Fulmers Lane
CITY OF BALTIMORE: (No. Sinai Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James Grace
(a) Residence: No. 402 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 27 1920

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME OF FATHER James Grace
14. BIRTHPLACE (city or town) (State or country) Germantown Pa.
15. MAIDEN NAME OF MOTHER Sallie Wright
16. BIRTHPLACE (city or town) (State or country) Fairmont W. Va.
INFORMANT Sallie Grace
(Address) 402 Bruce St.
17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 16, 1937
18. UNDERTAKER Mrs Kate R. Williams
(Address) 322 E. Schroeder St
FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came, (Inquest, Autopsy or Inquiry) death on the day stated above. 10:15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound of heart.	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/12, 1937
Where did injury occur? Cor. Edmondson Ave and Conway (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On mobile Street
Manner of injury accidentally shot
Nature of injury Wound in heart.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. Graner Coroner, M. D.
(Address) 1767 Hanover

11806

HEALTH DEPARTMENT—CITY OF BALTIMORE

11806

CERTIFICATE OF DEATH

11-4 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Monroe (27894)

If U. S. Veteran specify WAR

(a) Residence: No. 1027 N. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Married~~ Separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 22, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Jim

14. BIRTHPLACE (city or town) (State or country) N. Car.

15. MAIDEN NAME Sally ?

16. BIRTHPLACE (city or town) (State or country) N. Car.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 15 1937, 19

UNDERTAKER
(Address)

FILED 19

Registrar.

1937 4 3689

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1937 to December 5, 1937

I last saw him alive on December 5, 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Laryngis	Oct 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

11807 E 11807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 405 Edgewood St., 20-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances H. Kemper

If U. S. Veteran specify WAR .....

(a) Residence: No. 405 Edgewood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances H. Kemper

DATE OF BIRTH (month, day, year) 3-13-1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Chas B. Kemper

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Barbara Bultz

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Minnie Kemper

(Address) 405 Edgewood St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 16/37

UNDERTAKER Leonard Dority

(Address) 1305 Harford Ave.

FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1936, to Dec. 13, 1937

I last saw him alive on Dec. 13, 1937. Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/10/37
Other contributory causes of importance: Pernicious Anaemia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ellen Langelier, M. D.

(Address) 405 N. Payson St.

11808 E 11808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-16 ✓ Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. Sinai Hospital Ward) 46-0 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Aaron Adler

(a) Residence: No. 3030 Rosalind Ave St., Ward. (If non-resident give city or town and State)

3030 Rosalind Ave (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella N Adler

7. DATE OF BIRTH (month, day, year) Jan 12, 1859

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
78	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4486

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Rosalie Adler.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Ellis Hass

(Address) Edw Apts

BURIAL, CREMATION, OR REMOVAL

London Park Date Dec 16 1937

UNDERTAKER John Ulrich & Sons

(Address) 200 E Preston

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/11/37 . 19 . to 12/14/37 . 19 .

I last saw him alive on 12/13/37 19 . Death is said to have occurred on the date stated above, at 5.45 a.m. .

The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophagus & Colon.

Date of onset .....

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bayard J. Williams M. D.

(Address) Mt Sinai Hospital

F 41809

41809 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH C 107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret L. Diegert

(a) Residence: No. Rockaway Beach St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 19, 1936

7. AGE: Years 1; Months 7; Days 0 24; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bretg. County Md.

13. NAME Otto Diegert

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Irene Kraus

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Otto Diegert

(Address) Rockaway Beach, Md.

17. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Church Cem. Date Dec 16 1937

UNDERTAKER John Ullrich & Sons

(Address) & Sons Ocean City Md.

FILED . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Bilateral Pneumonia (Bronchial) (Primary)

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) 1719 E. Monument Ave.

8

F 41810

41810 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 N. Milton Ave St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie ~~Meiser~~ Meiser.

If U.S. Veteran specify WAR .....

(a) Residence: No. 715 N. Milton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Meiser

DATE OF BIRTH (month, day, year) December 17, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75 years	—	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Wittig

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Jeannette Meiser
(Address) 715 N Milton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 17 1937

UNDERTAKER John Ullrich
(Address) 2008 Eutaw.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1937, to December 14, 1937

I last saw her alive on December 13 1937 Death is said to have occurred on the date stated above, at 5.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Thrombosis	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ruel Rawn, M. D.

(Address) 24.25 Monument St

1811 E 11811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 N. Eden St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oscar Rubenkonig

(a) Residence: No. 1938 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Rubenkonig

DATE OF BIRTH (month, day, year) July 8, 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	5	

8. Trade, profession, or particular kind of work done, as spinner, ~~Hat Trimmer~~, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank Rubenkonig

12. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mamie Rubenkonig

(Address) 1938 N. Eden St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Dec 17 1937

UNDERTAKER John Ullrich

(Address) 2006 Orleans

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937 to Dec 11, 1937

I last saw h alive on Dec 11, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr
Arteriosclerosis	1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Patrick, M. D.

(Address) 936 Monument E

11812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11812

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary St. 7-D Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Hays

(a) Residence: No. 2626 E Monument St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Hays

DATE OF BIRTH (month, day, year) Nov 9-1878

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Patrick E Kennedy

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Estelle Berry

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Wm Hays
(Address) 2626 E Monument

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Dec 18 1937

UNDERTAKER John Ulrich
(Address) 2008 Orleans

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 . 1937. to Dec. 15 . 1937.
I last saw her alive on Dec. 15 . 1937. Death is said to have occurred on the date stated above, at 2:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Other contributory causes of importance:	
Cardiac failure	1 day

Was an operation performed? 0 Date of

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hugh C. Upperman M. D.
(Address) Church Home & Infirmary

41813 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41813

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 11-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Collier

If U. S. Veteran specify WAR

(a) Residence: No. 853 N. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of George Collier

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

13. NAME Chorbus

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/16/37

UNDERTAKER (Address) John J. Fahey & Son 1318 Light St.

FILED DEC 1937, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Dec 14, 1937

I last saw her alive on Dec 14, 1937. Death is said to have occurred on the date stated above, at 4 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?
Other contributory causes of importance: Metastasis to Spleen & Retro-peritoneal Lymph Glands.	1

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

F 41814

41814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

13-2

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2125 Bolton St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Rachel Holbrun

If U. S. Veteran specify WAR

(a) Residence: No. 2125 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Charles Edward Holbrun

DATE OF BIRTH (month, day, year) July 8 - 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Hugh H. Jones

14. BIRTHPLACE (city or town) (State or country) Georgia States

15. MAIDEN NAME Martha Emerson

16. BIRTHPLACE (city or town) (State or country) Valley Forge

INFORMANT Mrs Herschel Strickler

(Address) 632 Gorsuch ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 15 37

UNDERTAKER H. J. Treuner Inc

(Address) 1800 E Fayette

FILED . 19 Registrar.

DEC 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 , 1936 to Dec 13 , 1937.

I last saw h. alive on Dec 13 , 1937. Death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1935 ft.
Other contributory causes of importance: Hypostatic Pneumonia	Dec 1-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify H. J. Strickler Jr.

(Signed) H. J. Strickler , M. D.

(Address) 632 Gorsuch ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41815

CERTIFICATE OF DEATH

✓ 186a F 41815

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Roth

(a) Residence: No. 3130 Berkshire Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Roth

6. DATE OF BIRTH (month, day, year) Jan. 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. Reickel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Hilgartner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Gertruid Roth

(Address) 3130 Berkshire Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place t. Carmel Cem. Date Dec. 16. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. Femur	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 1, 1937

Where did injury occur? 3130 Berkshire Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from Bed

Nature of injury Fracture of R. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. J. Allen M. D.

(Address) 2757 W Lanvale Coroner

6

11816 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11816

CERTIFICATE OF DEATH

50 V

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. or since birth. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Margaret Sidard

(a) Residence: No. 2814 Alvarado sq St., Ward. Balto Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Sidard

DATE OF BIRTH (month, day, year) Dec 7 / 74

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Lewis

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Mason

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mr. Charles Sidard.

(Address) 2814 Alvarado Sq.

BURIAL, CREMATION, OR REMOVAL

Dulaney Lawn Mem. Date Dec 6 1937

UNDERTAKER Stephen J. Fulkowski Inc

(Address) 1000 N. Kenwood Ave.

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 13 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 7 . 1937 to 12 - 13 . 1937

I last saw h[illegible] alive on 12 - 13 - 37 . 1937 Death is said to have occurred on the date stated above, at 9 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	
Generalized carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? yes Date of June 1935

For what disease or injury? Carcinoma of left breast

Name of operation Amputation of breast

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. G Cotts M. D.

(Address) Mercy Hospital

F 11817

1817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140 ✓

1. PLACE OF DEATH Baltimore City Hospitals 24-4 Registered No. 1872

CITY OF BALTIMORE: (No. Bay View St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Vilane Hartzell

(a) Residence: No. 1714 Webster St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stenville Md

13. NAME Walter Hartzell

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

15. MAIDEN NAME Sarah Gilbert

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Sarah Parker

(Address) 1714 Webster St.

18. BURIAL, CREMATION or REMOVAL

Place Loudon Park Date Dec 17 37

19. UNDERTAKER J. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	3 days
Other contributory causes of importance: Abortion incomplete	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W Wood, Coroner, M. D.

(Address) 1712 N. Bond St

818

E 11818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-2 V 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Miller

(a) Residence: No. 1010 Granby St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Late Jennie

7. DATE OF BIRTH (month, day, year) 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Miller

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harry J. Miller

(Address) 3615 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Dec 16 1937

UNDERTAKER Sol Levinson Bros

(Address) 1127 E Baltimore St

FILED Dec 17 1937 Harry Miller, Registrar

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937 to Dec 15, 1937

I last saw h.i.m alive on Dec 15, 1937 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Left upper Lobe) — Date of onset Dec 10 1937

Other contributory causes of importance: Generalized arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M J Nicholson, M. D.

(Address) University Hosp

11819 F 11819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 E 29th St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Margaret M Grant

If U. S. Veteran specify WAR

(a) Residence: No. 337 E 29th St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emile Grant

6. DATE OF BIRTH (month, day, year): 5-27-1891

7. AGE: Years 46 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.: 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: James Fox

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Wheelan

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs Mary Raymond

(Address) 337 E 29th St

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: Dec 17 1937

UNDERTAKER: Mary Jno Woodfield

(Address) 2115 Eutaw St

FILED 19 Registrar.

1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937 to Dec 14, 1937

I last saw h alive on Dec 14, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BREAST	1933
Other contributory causes of importance: METASTASIS.	1937

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H Mautice M. D.

(Address) 3013 St Paul St

M. D. H. 1268-9

F 41820

41820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3024 W Lanvale St., 16 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jennie Bageard

(a) Residence: No. 3024 W. Lanvale St., Ward. Whitehaven Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry J. Bageard

6. DATE OF BIRTH (month, day, year) Feb. 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73,	10	27,	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Glen Dale W. Va.

FATHER

13. NAME Joseph Kerns

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucy Schuler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ira Bageard (Son)
(Address) 3024 W Lanvale.

18. BURIAL, CREMATION, OR REMOVAL
Place Whitehaven Va. Date 12/16 1937

19. UNDERTAKER Geo W Little & Son
(Address) 2200 Edmondson Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1937 to Dec 15 1937.

I last saw her alive on Dec 14 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Yrs

Other contributory causes of importance:
Arterio Sclerosis
Brights disease
Hypertension, High Blood Pressure

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Geo. L. Timmerman M.D.

(Address) 2558 Harford Ave.

F 41821

1821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 William St., 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Martin G. Vogel

(a) Residence: No. 1713 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Martin G. Vogel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret G. Kerns

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Rose M Vogel

(Address) 1458 Battery Ave.

17. BURIAL, CREMATION OR REMOVAL Place Holy Cross Cem Date 12/17 1937

18. UNDERTAKER Wm Cook

(Address) 1217 E. Fort Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1937. 19

22. I HEREBY CERTIFY, that I took charge of the remains described herein and saw the deceased on the date stated above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cereeral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. C. Nelson M. D.

(Address) 2707 W. North Ave

11822 ✓ F 11822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Gen. Hospital 209 G — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 15 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Henry Heiser — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2115 Walbrook Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ena A. Heiser

6. DATE OF BIRTH (month, day, year) July 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Running Chain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas Heiser

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lizzie Mc Coy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ena A. Heiser

(Address) 2115 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Agnes Date 12/17 1937

19. UNDERTAKER Wm Cook & Son

(Address) 1219 E. Pratt St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 4.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Probably Internal injuries	

(Other contributory causes of importance)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/15 1937

Where did injury occur? Pedestrian on Pulaski Hwy
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Struck by Car

Nature of injury Head, Abdomen, Chest Injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamburger M. D.
Coroner

(Address) 1215 Harlem

6

✓ F 4182:3

4182:3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-7 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph Sarbacher

(a) Residence: No. 7644 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Mo. Georgia Sarbacher

DATE OF BIRTH (month, day, year) Aug. 12, 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0064

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Sarbacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Haenftling

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Hospital records

BURIAL, CREMATION, OR REMOVAL Place [illegible] Date 12/17/37

UNDERTAKER (Address) [illegible] 1217 St Paul St

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1937, to Dec. 15, 1937

I last saw him alive on Dec. 15, 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	12-15-37
Other contributory causes of importance:	
Pyelonephritis	12-2-37
Pelvic cellulitis, post-operative	11-22-37

Was an operation performed? Yes Date of 11-22-37

For what disease or injury? Adenoma of prostate

Name of operation Perineal prostatectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Hampton M. D.

(Address) Church Home & Infirmary

1821 HEALTH DEPARTMENT—CITY OF BALTIMORE 11824

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH Union Home Hosp X

CITY OF BALTIMORE: (No. W. M. H. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 36 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HOWARD Cecil Lucas

If U. S. Veteran specify WAR

(a) Residence: No. Solomons, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Florence Johnson

DATE OF BIRTH (month, day, year) July 8, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waterman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

13. NAME William J. Ewbank

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

15. MAIDEN NAME Annette Clarke

16. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

INFORMANT (Address) A da Johnson Solomons, Md.

BURIAL, CREMATION, OR REMOVAL

Place Solomons Date Dec. 19, 37

UNDERTAKER (Address) A. A. Harkness & Son Mutual, Md.

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1937 to Dec. 15, 1937

I last saw him alive on Dec 15, 1937 Death is said to have occurred on the date stated above, at 12:22 P.M.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Multiple lung abscess	12/1/37
Bronchopneumonia	11/30/37
Other contributory causes of importance:	
Gastric ulcer	years.

Was an operation performed? Yes Date of

For what disease or injury? Peptic ulcer

Name of operation Gastric Resection (Billroth 1)

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

F 41825

41825 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-D-107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2532 E. Fayette St., b-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph George Davis

(a) Residence: No. 2532 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or WIFE of) Josephine Davis

DATE OF BIRTH (month, day, year) Sept. 14 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nightwatchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street repairs

10. Date deceased last worked at this occupation (month and year) 3 wks ago

11. Total time (years) spent in this occupation 20 1 year

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Gross

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT (Address) Josephine Davis 2532 E. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 17 1937

UNDERTAKER (Address) Martin H. E. Deppel 37 S. Carey St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1937 to Dec. 17 1937

I last saw him alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 5 00 p m.

The principal cause of death and related causes of importance were as follows:

Heart Syphilis, cardio-vascular syphilis — Date of onset ?

Other contributory causes of importance:

Bronchopneumonia — pulmonary edema — 1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Schlenger M. D.

(Address) 1027 E. Baltimore St.

Mary Culiere

41826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41826

54-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Culiere — If U. S. Veteran specify WAR .....

(a) Residence: No. 26 S. Hughes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
RESIDENT of
(or) WIFE of David

DATE OF BIRTH (month, day, year) Jan 11 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 12-37

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Tony Bella

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Savanna

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Frank Bella
(Address) 511 S. Albemarle St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 18 1937

UNDERTAKER Martin J. E. Dippel
(Address) 37 S. Amity St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1937, to 12-14, 1937

I last saw h. alive on Dec 14, 1937 Death is said to have occurred on the date stated above, at 7:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-12

(Other contributory causes of importance:
Operation

Was an operation performed? Yes Date of 12-7-37

For what disease or injury? Tumor of uterus

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry L. Kaufman, M. D.

(Address) Mercy Hospital

1827 HEALTH DEPARTMENT—CITY OF BALTIMORE 1827

CERTIFICATE OF DEATH

49a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Bessie Crise

If U. S. Veteran specify WAR

(a) Residence: No. Pleasant Hill Manor St., Ward. Reisterstown Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) MARCH 10 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MARYLAND
(State or country)

13. NAME JOHN L. CRISE

14. BIRTHPLACE (city or town) MARYLAND
(State or country)

15. MAIDEN NAME MALINDA J. RABORG

16. BIRTHPLACE (city or town) MARYLAND
(State or country)

INFORMANT WALTER E. BRADY
(Address)

BURIAL, CREMATION, OR REMOVAL

Place GREEN MOUNT Date DEC 17 1937

UNDERTAKER John Waitefield & Sons
(Address) 1 E. Eutaw Place

FILED DEC 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1937 to 12-14 1937

I last saw her alive on 12-15 1937 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

Ovarian tumor, cyst
Acute Dilatation of Stomach
Bronchopneumonia

Date of onset: ? .

Other contributory causes of importance:

Diabetes Mellitus
Gallstones

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Hilgenberg M. D.

(Address) Md. General Hosp.

✓ F 41828

M. D. P. 1268-9

41828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-347-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette St., Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Stewart H. Helm

(a) Residence: No. 43 E Heath St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Isaac Helm

DATE OF BIRTH (month, day, year) May 3, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Factor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Franklin Helm

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ?

16. BIRTHPLACE (City or town) (State or country)

INFORMANT Thomas H. Hammond

(Address) 43 E Heath St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 18 1937

UNDERTAKER Chas Grutchfield & Sons

(Address) 1411 Eutaw Place

FILED / 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/1937

22. I HEREBY CERTIFY, That I attended deceased from 11/24/1937 to 12/15/1937

I last saw him alive on 12/15/1937. Death is said to have occurred on the date stated above, at 8:45 Am

The principal cause of death and related causes of importance were as follows:

Carcinoma of the lung — Date of onset

Other contributory causes of importance:

Generalized arthritic sclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Bathgate M. D.

(Address) Franklin Square Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4182 9) CERTIFICATE OF DEATH 112-2 95-D F 4182 9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital St. 33 W Calvert St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? 73 yrs. 2 mos. 25 ds.

2. FULL NAME Mrs James S. Musgrave (MARRIED Louisa Gillings) If U. S. Veteran specify WAR NONE

(a) Residence: No. Timonium Md St., Ward. Timonium (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James S. Musgrave

DATE OF BIRTH (month, day, year) about Sept 19 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	73	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME John Merryman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Louisa Gillings

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Mr J S Musgrave (husband) Timonium Md

BURIAL, CREMATION, OR REMOVAL Place Cockeysville Md Date Dec-16-37

UNDERTAKER (Address) Stevenson Monroe 108 W Mt Royal

FILED Dec 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7th 1937 to Dec 14th 1937

I last saw her alive on Dec 13th 1937 Death is said to have occurred on the date stated above, at 2.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic heart disease — decompensated	12/3
Bronchopneumonia both lungs	"
Other contributory causes of importance generalized arterio sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical + chest X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday M. D.

(Address) Senior Funeral Home

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41830 CERTIFICATE OF DEATH 94-b F 41830

Registered No. 12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Guilford Ter. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Roy Hastings Bailey

U. S. Veteran specify WAR None

(a) Residence: No. 3422 Guilford Ter. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): ~~about~~ May 20 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~about~~ 25	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Johns Hopkins University

10. Date deceased last worked at this occupation (month and year): Dec-14-1937

11. Total time (years) spent in this occupation: 2 yrs.

12. BIRTHPLACE (city or town) (State or country): Jackson Mississippi

13. NAME OF FATHER: R. C. Bailey

14. BIRTHPLACE (city or town) (State or country): Mississippi

15. MAIDEN NAME OF MOTHER: Not Known

16. BIRTHPLACE (city or town) (State or country): Mississippi

17. INFORMANT: Miss. Annie C. Huggins (Friend)

(Address) 3422 Guilford Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Jackson, Mississippi Date: Dec/16/37 19

19. UNDERTAKER: Stewart & Mowen Company

(Address) 108 W. North Avenue

20. FILED: DEC 16 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ~~his~~ her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/15/37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D.
Coroner

(Address) Coroner

M. D. B. 1208-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41831

CERTIFICATE OF DEATH

93-D F 41831

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Severn apts. St., 11-E (or Ward)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth 80 yrs. 4 mos. 18 ds.

2. FULL NAME John Edward Bird

(a) Residence: No. Severn apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma S Bird

6b. DATE OF BIRTH (month, day, year) July 22, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Money Mgr

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father John Edw. Bird Sr.

14. BIRTHPLACE (city or town) (State or country) Md. A.A.Co

15. MAIDEN NAME Emelie Jane Cobb

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Nellie Bird, niece

(Address) Severn apts.

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Dec-7-37 19

UNDERTAKER Kirwan & Mowles

(Address) 1221 Eutaw Pl.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from more than ten yrs. 19.. to ..... 19..

I last saw h alive on Dec. 1st, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	about 4 yrs. ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clin., path. and autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Thurwell M. D.

(Address) 3310 Tioga Place

41832 HEALTH DEPARTMENT—CITY OF BALTIMORE B 41832

27139 JS

CERTIFICATE OF DEATH

35-C Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospt. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Barnes

If U. S. Veteran specify WAR

(a) Residence: No. 1108 N. Calhoun St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest

DATE OF BIRTH (month, day, year) 3-22-1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Cassean

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Minnie Guythar

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT B. C. H. Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Ft. Auburn Date 12-16 1937

UNDERTAKER Geo. A. Gibson & Sons

(Address) 1730 Pennsylvania Ave

FILED ... 19... Registrar.

DEC 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1 37 19... to 12-13 1937

I last saw h[illegible] alive on 12-13 1937. Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma	?
	years

Other contributory causes of importance:

Was an operation performed? yes Date of 10-6-37

For what disease or injury? Splenectomy.

Name of operation Lymphogranuloma.

What test confirmed diagnosis? Frei Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Brantegan M. D.

(Address) Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41833 — 94-6 — F 41833

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St. 13th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos da.

If U. S. Veteran specify WAR

2. FULL NAME William S. Rosenfeld

(a) Residence: No. Edward Apts. Brookfield Ave. & Whitelock St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valerie Rosenfeld

7. DATE OF BIRTH (month, day, year) Dec. 16, 1874

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Motors.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Gabriel Rosenfeld

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Gette Eising

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mr. E. Rosenfeld, Alhambra Apts.

17. BURIAL, ~~CREMATION, REMOVAL~~

Place Har Sinai Cem. Date Dec. 16, 1937

UNDERTAKER (Address) Third Sondheim & Son 1902 Eutaw Place.

FILED Dec 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11 46' AM

Coronary Thrombosis

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Hamilton Grimm M. D. Coroner

(Address) 1215 Hanover St.

M. D. H. 1268-9

Emanuel Baum

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11834 — 27-14 — 5 — F 11834

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Rogers Ave. Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel Baum

(a) Residence: No. 2420 Rogers Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lillie B. Baum

7. DATE OF BIRTH (month, day, year): June 20, 1865

AGE: Years 69 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md.

13. NAME OF FATHER: Isaac Baum

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Sophie Bond

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Lillie B. Baum - wife

(Address) 2420 Rogers Ave

BURIAL, CREMATION, OR REMOVAL

Place Bolt Helen Date Dec 17, 1937

UNDERTAKER: Dan Loudheim & Son

(Address) 1902 Eastern Ave

FILED DEC 16 1937, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to Dec. 15, 1937

I last saw h[illegible] alive on Dec. 14, 1937 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of face	about 2½ yrs

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Fr. Schmuck, M. D.

(Address) 3310 Tioga Parkway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-b F 41835

F 41835

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 2-1

Length of residence in city or town where death occurred 0 yrs. 3 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Anna Ginski

(a) Residence: No. 1903 E Bank St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 5 1927

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Rudolph Ginski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Ensel

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Rudolph Ginski
(Address) 1903 E Bank St

BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Dec 17 1937

UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Wolfe St

FILED DEC 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec. 13 1937

I last saw her alive on Dec. 13 1937. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1935
Other contributory causes of importance: Terminal pneumonia	Dec 13 1937

Was an operation performed? O Date of ...

For what disease or injury? O

Name of operation O

What test confirmed diagnosis? O Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard Low M. D.

(Address) Church Home & Infirmary

1836 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41836

CERTIFICATE OF DEATH

Registered No. 27-1 74-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4111 Woodlea Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Hoffman Lapin

(a) Residence: No. 4111 Woodlea Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Lapin Jr.

DATE OF BIRTH (month, day, year) Jan. 19th 1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto City Md.

13. NAME Wm Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto. City Md

15. MAIDEN NAME Cora Lintate

16. BIRTHPLACE (city or town) (State or country) Balto. City Md

INFORMANT Mr Edward Lapin

(Address) 4111 Woodlea Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec. 17th 1937

UNDERTAKER Fred A. Lippard & Son

(Address) 1701 Acton Ave

FILED Dec 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1937, to Dec 14th, 1937

I last saw h— alive on Dec 14, 1937 Death is said to have occurred on the date stated above, at 4:5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Serous Meningitis	?
Other contributory causes of importance: Myocardial Insufficiency	Dec 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward V Eggen M. D.

(Address) 1 W. Ostlea Ave

F 11837

11837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 13-2 Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. if of foreign birth? yrs mos da.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Simpson

(a) Residence: No. 865 Watts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Dentzpossen

6. DATE OF BIRTH (month, day, year) June 1892

7. AGE Years 75 | Months 6 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Alice Simpson 865 Watts St

BURIAL, CREMATION, OR REMOVAL Place 12/14 1937

UNDERTAKER (Address) Edward Stewart & Co. 1137 Pine St

FILED 19 Registrar

DEC 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-37

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and find that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 12/13/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 41838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

338666

54-E

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Harb

(a) Residence: No. 1868 Summit ave St., ... Ward. Little Rock Ark
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Whitney

DATE OF BIRTH (month, day, year) 11-15-93

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ark

13. NAME W.B. Worthen

14. BIRTHPLACE (city or town) (State or country) Ark

15. MAIDEN NAME Molly Peay

16. BIRTHPLACE (city or town) (State or country) Ark

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Little Rock. ARK. Date 12/18, 1937

UNDERTAKER John E. Mitchell (Address) 600 Eutaw St.

FILED ... 19... Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937 to Dec 16, 1937

I last saw her alive on Dec 16, 1937 Death is said to have occurred on the date stated above, at 5.35 A m.

The principal cause of death and related causes of importance were as follows:

Recurrent Benign Pituitary Tumor — Date of onset

Other contributory causes of importance: None

Was an operation performed? Yes Date of Dec 13, 1937

For what disease or injury? Recurrent Pituitary tumor

Name of operation Right Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) James Monroe Hannah M. D.

(Address) Johns Hopkins Hospital

41839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 41839

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md. Registered No. 121

CITY OF BALTIMORE: (No. ..... St., 126 Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George W. McCarty If U. S. Veteran specify WAR

(a) Residence: No. ..... St., ... Ward. White Stone, Virginia.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lennie Pearl Self

DATE OF BIRTH (month, day, year) Nov. ? 1880?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	(?) 57	(?) 1	(?) 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 9-20-37

11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) Lancaster Co., Va.
(State or country)

13. NAME James McCarty

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Roberta Summers

16. BIRTHPLACE (city or town) Lancaster Co., Va.
(State or country)

INFORMANT Records - U.S. Marine Hospital,
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place Va. (Lexington) 12/14/37

UNDERTAKER John E. Milby Inc.
(Address) 423 E. Oliver St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1937, to December 15, 1937

I last saw him alive on December 15, 1937. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute, gangrenous, with rupture	11-22-37
Peritonitis, acute, general	11-22-37

Other contributory causes of importance:

Was an operation performed? Yes Date of see other side

For what disease or injury? Appendicitis, peritonitis, pelvic abscess.

Name of operation see other side

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ruby L Bryant, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HIW/S

F 11840

1840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72 a ✓

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lieut Edward Doherty

If U. S. Veteran specify WAR .....

(a) Residence: No. 2940 Edmondson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Gladys Doherty

DATE OF BIRTH (month, day, year) Aug 27/78

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant of Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edmund Doherty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Barrie

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Pikesville Md 12/17/37

UNDERTAKER Frank A Tabler

(Address) Fulton & Fayette

FILED ..... 19 ..... Registrar

1937 Harriet Lee Wise, M.D.

Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/7/37 . 19 . to 12/14/37 . 19

I last saw him alive on 12/14/37 . 19 . Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Myelogenous Leukemia	3 months
Other contributory causes of importance: Chronic Anemia (Severe)	3 months

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Edward ..... M. D.

(Address) Mercy Hospital, Md.

1841 E 11841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. 1652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mer Bolts General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 hr +15 min. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Boy Palmer If U. S. Veteran specify WAR

(a) Residence: No. 1529 Ridge Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 14, 1937

AGE Years	Months	Days	If LESS than 1 day Hrs. / Min.
			10 hrs. 15 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Manny Palmer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose Newgarden

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT (Address) The Med. Dir. Mer Bolts Gen. Hosp.

BURIAL, CREMATION, OR REMOVAL Hebrew Herring Gr. 12/16/37

UNDERTAKER (Address) Sol Sarnor Bro 1126 W. Fayette

FILED 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1937 to Dec. 15, 1937

I last saw him alive on Dec. 15, 1937 Death is said to have occurred on the date stated above, at 4:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 8 months	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milton Levin, M. D.

(Address) 1 W. Mt. Vernon Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41842

CERTIFICATE OF DEATH

V 131 F 41842

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Madeira St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Eff

If U S Veteran specify WAR

(a) Residence: No. 1114 Madeira Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

DATE OF BIRTH (month, day, year) July 4 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME John St. Woods

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Amelia Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Eliza Murray

(Address) 1339 N. Stricker St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 17 '37

UNDERTAKER Mrs. George V. Holland

(Address) 1631 Druid Hill Ave

FILED DEC 16 1937 Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/37

22. I HEREBY CERTIFY, That I attended deceased from 11/25 1937 to 12/14 1937

I last saw h[illegible] alive on Dec, 14 1937 Death is said to have occurred on the date stated above, at 4 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Hypertension, Myocarditis	11/20/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. F. Haleber M. D.

(Address) 1201 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

3387442 ✓ 34B-92-a F 11843

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 11843

CITY OF BALTIMORE: (No. ..... St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Scott If U. S. Veteran specify WAR

(a) Residence: No. 2332 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 12/16/84

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	30 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waiter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Isiah Scott.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rachel Carr

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL

Pl. Lebanon Mem. Pk. Date 12-18-37

UNDERTAKER Mrs Geo. N. Holland
(Address) 1431 Druid Hill Ave

FILED ..... 19..... Registrar

DEC 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec - 13, 1937, to Dec - 15, 1937

I last saw him alive on Dec - 15, 1937. Death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	?
Aneurysm of aorta	?
Aortic Insufficiency	?

Other contributory causes of importance:

Acute pneumonia, Edema	30 hours

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederick H. Werner, M. D.

(Address) Johns Hopkins Hospital

11844 E 11844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Holbrook St. 9-9 Ward)

Length of residence in city or town where death occurred 60 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Hamman

If U.S Veteran specify WAR ....

(a) Residence: No. 1405 Holbrook St. Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Hammann

DATE OF BIRTH (month, day, year) Nov. 25th, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrew Thoben

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Bertha Hammann

(Address) 1405 Holbrook Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. 12/17/37

UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) December 14, 1937

I HEREBY CERTIFY, That I attended deceased from January 10, 1937 to Dec. 14, 1937.

I last saw her alive on Dec. 14, 1937 Death is said to have occurred on the date stated above, 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Mammary gland	not Known
Other contributory causes (Importance): Metastatic Carcinoma mediastenum Lymph glands & Lungs	not Known

Operation performed? yes Date of 8 years ago.

For what disease or injury? Physical examination

What is confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

I saw [illegible] (Signed) J. Edward Norris M. D.

(Address) 107 East west St.

F 41845

41845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Knight

(a) Residence: No. 926 Ashland St., One Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/1/37

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rebecca Knight

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 16 1937, 19

UNDERTAKER For H. A. Moore

(Address)

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Dec 16, 1937

I last saw her alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Weston M. Kelsey M. D.

(Address) Johns Hopkins Hospital

DEC 16 1937

Commissioner of Health

3(55)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41846 — CERTIFICATE OF DEATH — 82-a — F 41846

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Weedon

If U. S. Veteran specify WAR

(a) Residence: No. 3110 Sumter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie V. Weedon

6. DATE OF BIRTH (month, day, year) Sept. 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auditing Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel R. Weedon

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nettie Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William R. Weedon

(Address) Loudon & Arcutis Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 12/18/37 19

19. UNDERTAKER Harry E. Lutte

(Address) 1101 Edmondson Ave.

FILED ... 19 ... Registrar

F 41846 Dec 16 1937 Liber ... Folio ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Pulmonary Oedema	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 7 1937 19

Where did injury occur? 3110 Sumter Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor of Room

Nature of injury over

24. Was disease or injury in any way related to occupation of deceased? No If so, state fully

(Signed) T. H. Cullen M. D.

(Address) 2757 W North Ave

1817 E 11817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Frederick Ave. St., 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Brenner

If U.S. Veteran specify WAR

(a) Residence: No. 2806 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced ********* HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 8, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46		1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm. Brenner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Wilamina Groth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT (Address) Mrs. Fred Critzman 2806 Frederick Ave.

BURIAL, CREMATION, OR REMOVAL Place First Ger. Evang. Date 12/18/37

UNDERTAKER (Address) L. Reemann and Son 32 S. Broadway

FILED 12-21-37 Registrar

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Dec. 15, 1937.

I last saw her alive on Dec. 15, 1937. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unknown
Malignant Hypertension	1936
Uremia	
Other contributory causes of importance:	
acute Pulmonary edema	12/13/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Racusin M. D.

(Address) 206 S. Gilmor Street

F 11818

HEALTH DEPARTMENT—CITY OF BALTIMORE

1818

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen'l. Hosp. 4 V134 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary J. Gosnell If U. S. Veteran specify WAR

(a) Residence: No. 720 N. Monroe St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George McK Gosnell

DATE OF BIRTH (month, day, year) Oct 22, 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME James C. Thompson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Vasilly Bartlett

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mr. George McK Gosnell (Address) 720 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Dec 8 1937

UNDERTAKER Wm. Dickson & Sons (Address) North & Eutaw.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1937 to 12-16 1937

I last saw h[illegible] alive on 12-16 1937 Death is said to have occurred on the date stated above, at 6[35] A.M.

The principal cause of death and related causes of importance were as follows:

Nephrosclerosis
Pyelonephritis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. L. Evans M.D.

(Address) Md. Gen'l. Hosp.

1849 E 1849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Norval Carter

(a) Residence: No. 718 Cumberland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Carter

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Norval Carter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherin Gould

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mildrad Carter

(Address) 618 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 19 1937

19. UNDERTAKER T. E. Kelson

(Address) 1303 Presstman St

20. FILED 1937, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains above described above, held an Inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colan	
Broncho-neumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Allen, M. D.

Coroner

(Address) 2757 W. North Ave

1850 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41850

CERTIFICATE OF DEATH ✓ 28343--RHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto, City Hospitals St. 13-3 48 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Rodgers

If U. S. Veteran specify WAR .....

(a) Residence: No. 2508 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ferale	black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen

DATE OF BIRTH (month, day, year) 9/18/1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mary'and

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Esther Steward

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital records
(Address)

BURIAL, CREMATION OR REMOVAL
Place Mt Auburn Cem Date Dec 18 37

UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania ave

FILED ..... 19.. ..... Registrar.

1037

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-17-1937 to 12-13-1937

I last saw her alive on 12-13-1937 Death is said to have occurred on the date stated above, at 8:55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix with metastasis	?
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Yes

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. Brantigan M. D.

(Address) Baltimore City Hosp.

11851 HEALTH DEPARTMENT—CITY OF BALTIMORE 11851

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Mount St. 16-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Edward Pratt

(a) Residence: No. 610 N. Mount St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah Pratt.

6. DATE OF BIRTH (month, day, year) March 5 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm. Edward Pratt.

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Mrs. Pratt.

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

17. INFORMANT Jeremiah Pratt Husband

(Address) 610 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Dec. 7 1937

19. UNDERTAKER George B. Nelson

(Address) 1303 Eastern Ave.

20. FILED Dec 7 1937 Wm. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

Bullet wound in the heart. — Date of onset: 1

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 12/1 1937

Where did injury occur? 610 N. Mount St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol

Nature of injury Bullet through heart.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O'Ram Laraner Coroner M. D.

(Address) 1215 Harlem

41852 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V x F 41852

CERTIFICATE OF DEATH

1. PLACE OF DEATH Foot of Chester St Da 210 Registered No.

CITY OF BALTIMORE: (No. ..... St. or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Auburn Alexander If U. S. Veteran specify WAR .....

(a) Residence: No. Northeast Maryland St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND (or) WIFE of Catherine Alexander

6. DATE OF BIRTH (month, day, year) Sept 18-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northeast Md

FATHER

13. NAME James T. Alexander

14. BIRTHPLACE (city or town) (State or country) Elk R Md

MOTHER

15. MAIDEN NAME Ella E. Jacobson

16. BIRTHPLACE (city or town) (State or country) Bergenne N J

17. INFORMANT Joseph R Grant
(Address) North East Md

18. BURIAL, CREMATION, OR REMOVAL Place North East Md Date Dec 9 1937

19. UNDERTAKER Joseph R Grant
(Address) North East Md

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	12/6

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12/6 . 1937

Where did injury occur? Foot of Chester St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Waterfront

How injury occurred Auto drove into water at foot of Chester St

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Lulu Gurley Otis . M. D.
Coroner

(Address) 902 N Broadway

11853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11853

V 23

Registered No.

1. PLACE OF DEATH: U.S. Marine Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~Home~~ ~~Hospital~~ ~~Ward~~

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Murray

(a) Residence: No. 10 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of anna Murray

6. DATE OF BIRTH (month, day, year) Dec. 25 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 ~~54~~	11	20	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cafe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Edward Murray

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah E Skinner

16. BIRTHPLACE (city or town) (State or country) Phila, Pa.

17. INFORMANT Mrs. Travers

(Address) 613 Linnard St

18. BURIAL, CREMATION, OR REMOVAL. Cathedral Cem Date Dec. 17 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 424 Light St

FILED, 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, Autopsy or Inquiry)

thereon and from the evidence obtained by said Inquest

(Inquest, Autopsy or Inquiry)

and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Dec 37.
Other contributory causes of importance: Pulmonary T.B.	

Was an operation performed? Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain, M. D.

Coroner

(Address)

11851 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11851

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH South Balto. Gen. Hosp. St., 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry F. Frye

(a) Residence: No. 4 Belgrade Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah E. Frye

7. DATE OF BIRTH (month, day, year): March 15 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer Portable

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ohio

13. NAME: Dont know

14. BIRTHPLACE (city or town) (State or country): Dont know

15. MAIDEN NAME: E Saino

16. BIRTHPLACE (city or town) (State or country): Ohio

INFORMANT (Address): Mrs Anna Layman 3812 - 2nd Ave

BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date Dec 18, 1937

UNDERTAKER (Address): G. Howard Evans 1410 E. Lanvale St

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1937 to 12-15, 1937

I last saw h.. alive on 12-15, 1937 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Chronic hypocardiotis & cardiac decompensation	?
Vertebrae standstill	?
Other contributory causes of importance:	
senility	?
Chronic Bronchitis	?

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

F 11855

1855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals 92-a

CITY OF BALTIMORE: (No.) Bay View St., 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME R. Frank Fox

(a) Residence: No. 1536 Boyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed or divorced, HUSBAND of [illegible] WIFE of Gretchen Fox

6. DATE OF BIRTH (month, day, year) Oct. 2 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owings Mills Md.

13. NAME George Fox

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lemuel E. Fox

(Address) 415 Old Holly Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ward & Chapel Date Dec 18 1937

19. UNDERTAKER A. H. and E. Evans

(Address) 1400 Lakewood Ave.

FILED 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

attended the said deceased from [illegible] and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration: Years	Months	Days
Valvular heart disease			
Uremia			
Other contributory causes of importance: Arterio-sclerosis general			

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.

Coroner

(Address) 1712 N. Broadway

Baublitz

F 41856

41856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Woodbury Ave. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Baublitz

(a) Residence: No. 2013 Woodbury Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Late Peter Baublitz

6. DATE OF BIRTH (month, day, year) May 3 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Masemer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT J. F. Baublitz

(Address) 2013 Woodbury Ave. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Rock Pa Date 12/20 1937

19. UNDERTAKER G. W. Gentle & Son

(Address) Glen Rock, Pa

20. FILED Dec 21 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Injury) thereon and from the evidence obtained by said (Inquest, Autopsy or Injury) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Crane, M. D. Coroner

(Address) Coroner

41857 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41857

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1077 Hanaleys St. 18-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mark Stuart Rogers

If U.S. Veteran specify WAR ....

(a) Residence: No. 1077 Hanaleys St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alton Rogers

DATE OF BIRTH (month, day, year) 3/22/1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph Stuart

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriett

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Harriett Stuart Rogers

(Address) Thos. Co. Md.

BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Dec 17, 1937

UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lexington St.

FILED DEC 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/37

22. I HEREBY CERTIFY, That I attended deceased from 10/20/37 to 12/13/37

I last saw him alive on 12/11/37, 19.. Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows: B.P. 4/37

(a) Pul tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Lee Gibbs, M. D.

(Address) 627 Mosher

F 41858

41858

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Forest St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Mary Gordon

If U. S. Veteran specify WAR .....

(a) Residence: No. 1100 Forest St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Tony Gordon

7. DATE OF BIRTH (month, day, year) July 10, 1886

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Pa

13. NAME Charles Wentz

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Emma Bedford

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT J. B. Kirby M.D.

(Address) 1100 Forest

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Date Dec 18 1937

19. UNDERTAKER Martin J. Conroy

(Address) 1102 Forest Ave

20. FILED ..... 19..... Registrar.

17 1937 Hampton Kirby

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1937 to Dec 15 1937

I last saw her alive on 12/15 1937 Death is said to have occurred on the date stated above, at 7.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	Oct 1937
Uremia	Dec 1937

Other contributory causes of importance: Myocardial failure Dec 1/37

Was an operation performed? Yes Date of Jan 20-1937

For what disease or injury? Carcinoma of cervix

Name of operation Diathermy - Curettage

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

41859 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41859

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Providence Hospital St., 1st Ward) 12-2 '20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Banks — If U. S. Veteran specify WAR .....

(a) Residence: No. Fulmers Station St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry.

6. DATE OF BIRTH (month, day, year) Feb 26/1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spoutspring Va

13. NAME Mrs. Ellis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Eleanor Smith. (Address) Fulmer-station Md.

BURIAL, CREMATION, OR REMOVAL Place Spoutspring Va Date Dec 17 1937

UNDERTAKER Mrs. J. & A. Elliott daughter (Address) 1129 Caroline St.

FILED 19 ..... Registrar.

DEC 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16- 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-9-37, 19..., to 12-16-, 1937

I last saw h[illegible] alive on 12-16-, 1937. Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	9-[illegible]37?
Other contributory causes of importance: Gastro-enteritis	

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Maloney M. D.

(Address) Provident Hospital

11860 F 11860

11860 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Stirling St. 10 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie P. Chapple

(a) Residence: No. 816 Stirling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Chapple

DATE OF BIRTH (month, day, year) Nov 17-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Jane Howard

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Mary Oliver

(Address) 816 Stirling St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Dec 18 1937

UNDERTAKER H. G. Elliott-daughter

(Address) 1147 E Baltimore St

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1937 to Dec 14, 1937

I last saw her alive on Dec 14 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis (Pneumonia) (Primary)	Dec 8 1937

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Hosp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo S. Allen M. D.

(Address) 50 Cary Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

11861 11861

CERTIFICATE OF DEATH

94-5

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1859 N. Collington Ave St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. — ds. How long in U. S. If of foreign birth 61 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julius T. Rusk

(a) Residence: No. 1859 N Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Caroline E Rusk

6. DATE OF BIRTH (month, day, year) June 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Edwin Rusk

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Virginia Elliott

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Caroline E Rusk

(Address) 1859 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place (London) Park Cemetery 12/10/37

19. UNDERTAKER Henry Nock Sons Inc.

(Address) 1324 E Eager St

20. FILED , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenberg Coroner M. D.

(Address) 1912 E. North Ave.

41862 ✓ E 41862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital 22-a — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 1811 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Pierce J. Flanigan — If U. S. Veteran specify WAR

(a) Residence: No. 4114 Groveland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary ~~May~~ Rothrock

6. DATE OF BIRTH (month, day, year) Sept. 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51 ~~52~~	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paving Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick J. Flanigan

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

15. MAIDEN NAME Mary J. Connor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Edw. L. Flanigan
(Address) 4112 Belvieu Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 12/18 '37

19. UNDERTAKER Henry A. Meares & Son
(Address) 202 N. Eutaw St.

20. FILED Dec 17 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/6/37, 19.. to 12/16/, 1937
I last saw h[illegible] alive on 12/16/, 19.. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12/7/37
For what disease or injury? Umbilical Hernia
Name of operation Herniorraphy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas B. Marsh M. D.
(Address) Bon Secours Hosp

F 11863

11863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Simon

(a) Residence: No. 40 N. Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1000

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Ner-Tamid Date 12/17/37

UNDERTAKER Louis Levine & Sons

(Address) 1439 Eutaw St.

FILED 12/17/37, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/2/37, 19 to 12/10/37, 19

I last saw her alive on 12/10/37, 19 Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia - terminal — Date of onset 12/3/37

jaundice.

Other contributory causes of importance:

Adenocarcinoma stomach; — Oct. 1937

Ca of gall bladder (?)

Was an operation performed? yes Date of 11/4/3

For what disease or injury? Adenocarcinoma stomach

Name of operation Incision and drainage

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. E. Schmidt, M. D.

(Address) Sinai Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41864 CERTIFICATE OF DEATH √53-D F 41864

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3125 Woodland Ave., St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 2 mon. 21 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jerome Nunenthal

(a) Residence: No. 3125 Woodland Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma K. Nunenthal

7. DATE OF BIRTH (month, day, year) Sept. 24, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employment Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Aaron Nunenthal

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Emma K. Nunenthal

(Address) 3125 Woodland Ave.,

17. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cem. Hagerstown, Md. Date Dec. 18, 1937

UNDERTAKER John F. Denny

(Address) 715 Light St

FILED DEC 17 1937 By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1936 to Dec 15 1937

I last saw h[illegible] alive on Dec 15 1937 Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lumbar vertebra + Sacrum	Oct 31/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, [illegible]

(Signed) John D. Bubert M. D.

(Address) 4803 Park Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41865 CERTIFICATE OF DEATH ✓ 94-B F 41865

Registered No. 1577

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 123 S. Spring St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Gordon

(a) Residence: No. 123 S. Spring St., 3-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Gordon (dead)

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Baar

MOTHER

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gitel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gertrude Kurland

(Address) 123 S. Spring St.

18. BURIAL, CREMATION, OR REMOVAL Sinai Southern ave Date Dec 17 1937

19. UNDERTAKER Jos. Reamer Bro's

(Address) 1127 E. Baltimore St.

20. FILED 19 Registrar

DEC 17 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	Day
Arterio-sclerosis General, Senile	Some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1712 N. Broadway

38477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11866

CERTIFICATE OF DEATH

X 108

F 11866

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lama Mae Greaves

If U. S. Veteran specify WAR

(a) Residence: No. Belair Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/27/37

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Howard Greaves

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Lola Walker

16. BIRTHPLACE (city or town) (State or country) N Car.

INFORMANT Records.
(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Date Dec 18 1937

UNDERTAKER Deaver & Foster
(Address) Belair Md

FILED DEC 1937 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937 to Dec 16, 1937.

I last saw h[illegible] alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 11 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Staphylococcus	Dec 7

Other contributory causes of importance:
Pneumopthorax

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Weston M. Kelsey jr M. D.
(Address) Johns Hopkins Hospital

41867

HEALTH DEPARTMENT—CITY OF BALTIMORE

41867

CERTIFICATE OF DEATH

✓ 94-2

1. PLACE OF DEATH Home

Registered No. 1872

CITY OF BALTIMORE: (No. 3609 Fait Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fiorangelo Di Marcantonio

If U. S. Veteran specify WAR

(a) Residence: No. 3609 Fait Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Di Marcantonio

6. DATE OF BIRTH (month, day, year) June 17-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4 5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Works

10. Date deceased last worked at this occupation (month and year) Dec. 15-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Saverio Di Marcantonio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angela D. Pietro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Di Marcantonio

(Address) 3609 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dec. 20 37 Holy Redeemer Date 19

19. UNDERTAKER Francis Della Rocca

(Address) 252 N. Hanover St.

20. FILED 19 Registrar

Pennington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	Day

Other contributory causes of importance: No. History

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

Coroner

(Address) 1712 N. Broadway

41868

HEALTH DEPARTMENT—CITY OF BALTIMORE

41868

CERTIFICATE OF DEATH 82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 461 Hazelwood Ave St. Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Gamble

(a) Residence: No. 461 Hazelwood Ave St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Robert J Gamble

6. DATE OF BIRTH (month, day, year) 3-10-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Was not DE.

13. NAME Geo Reinmiller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lawrence J Gamble
(Address) Fuller Rd Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Holy Rest Date 12 20 37

19. UNDERTAKER Leonard J Ruck
(Address) 5305 Harford Rd

FILED ..... 19..... Registrar .....

DEC 17 1937 12/19/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-37

22. I HEREBY CERTIFY, That I attended deceased from 12/4/37, 19..... to 12/16/37, 19..... I last saw h.. alive on 12/16/37, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Hemiplegia	
Other contributory causes of importance: Carcinoma, Adenoma	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas Smith M. D.

(Address) 4706 Harford Road

1869

HEALTH DEPARTMENT—CITY OF BALTIMORE

1869

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 W. Lanvale St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Liggon

If U.S. Veteran specify WAR

(a) Residence: No. 1218 W. Lanvale St., 16-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vernon Liggon

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	-		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Thumberland Co Va

13. NAME OF FATHER: Ethen Spence

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME OF MOTHER: Myrtle Bee.

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Vernon Liggon

(Address) 1218 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Husband

Place: North Thumberland Co Va Dec 17 37

19. UNDERTAKER: Elroy C Nelson

(Address) 1100 Pennsylvania Ave

FILED DEC 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/14 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1937 to 12/14 1937

I last saw h alive on Dec 13 1937 Death is said to have occurred on the date stated above, at 10½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Phthisis	DK

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. T. Fletcher M. D.

(Address) 1225 Pennsylvania Ave

GHG

11870 F 11870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 161 C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp., St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth* ... yrs. ... mos. ... ds.

2. FULL NAME Baby Dougherty

If U.S. Veteran specify WAR ...

(a) Residence: No. 101 N Monastery Ave. Ward. 2037
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/10/37

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Harry Dougherty

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anne Judemann

16. BIRTHPLACE (city or town) (State or country) Balt Md

INFORMANT Harry Dougherty
(Address) 101 N Monastery Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/17/37

UNDERTAKER Harry F Wilkes
(Address) 1101 Edmondson Ave

F 1337 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1937 to 12/16, 1937

I last saw him alive on 12/16, 1937 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukaemia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. J. Lukymski, M. D.
(Address) Bon Secours Hosp.

F 41871

41871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anthony Salvetore Geppi

If U. S. Veteran specify WAR

(a) Residence: No. 422 N. Green Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Dec. 10th, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hours or min.
	2	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Anthony Geppi

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rose Gallio

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Rose Geppi (Mother)

(Address) 422 N. Green Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. 12/17/37

19. UNDERTAKER George J. Roth, Inc.

(Address) 1705 Hanford Avenue

FILED 12/17/1937 19 Wife Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [illegible] M. D.

(Address) 2757 Howard

66

F 41872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41872

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Harlem Av St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Francis Jacob Holland

If U. S. Veteran specify WAR .....

(a) Residence: No. 1209 Harlem Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Jan. 1, 1877 1878

7. AGE: Years 59 (60) | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Schools

10. Date deceased last worked at this occupation (month, day, year): Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Jamee Holland

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Genevieve H. Harris Cousin

(Address) 340 Bloom St. E.

18. BURIAL, CREMATION, OR REMOVAL

Place: Delta, Md. Date: 12-18- 1937

19. UNDERTAKER: John R. Johnson

(Address) 1300 Eighth St. Av.

20. FILED: 1937 By: Huntington Williams M.D.
(Registrar)

Dr. R. J. Young 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec 14 1937

I last saw h alive on Dec 14 1937 Death is said to have occurred on the date stated above, at 10.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 12 37
Other contributory (secondary) importance: Cardiac Vascular disease & Hemiplegia	1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St

41873

HEALTH DEPARTMENT—CITY OF BALTIMORE

41873

CERTIFICATE OF DEATH

1140

1. PLACE OF DEATH Provident Hospital — Registered No.

CITY OF BALTIMORE: (No. 1514 Dickeyman St.) 14-2 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Fannie Platter — If U. S. Veteran specify WAR

(a) Residence: No. Charles County, Md. St., ... Ward. St. Mary's Dist.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, BUSBAND of (~~or WIFE of~~): Edward Platter

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 29 years; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charles County Md

13. NAME OF FATHER: Wm Brooks

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Andrew J. Grimes

18. BURIAL, CREMATION, OR REMOVAL: Place Byantown Date Dec 17 1937

19. UNDERTAKER (Address): Andrew J. Bryan Aquasco Md

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1937 to Dec. 16 1937

I last saw her alive on 12/14/37 at 7:35 P.M. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Endometritis	12/1/37
Following to incomplete Miscarriage.	

Other contributory causes of importance: Incomplete Miscarriage

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. McCone M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11874

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 338791

CITY OF BALTIMORE: (No. X 7-5 St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. 3 mos. da.

2. FULL NAME Marion De Bolt

If U. S. Veteran specify WAR

(a) Residence: No. Chesapeake Beach St. Calvert Co Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-13-96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 12

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Francis De Bolt

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Washington DC Date 12-17 1937

19. UNDERTAKER J. William Lee Sons & Co

(Address) 300 4 6TH NE Wash DC

20. FILED DEC 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937 to Dec 16, 1937

I last saw him alive on Dec 16, 1937 Death is said to have occurred on the date stated above, at 1110 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	
Other contributory causes of importance: Metastasis to Lung	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas N Bazett, M. D.

(Address) Johns Hopkins Hospital

Emma Scott

F 11875

1875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Harlem ave St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Scott

(a) Residence: No. 1211 Harlem ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) Feb. 22, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

13. NAME Henry Dampson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

15. MAIDEN NAME Annie Baker

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Lula Jeanes

(Address) 1211 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 12/18/37

19. UNDERTAKER Mrs. Ga. V. Holland

(Address) 1631 Druid Hill Ave

20. FILED ... Registrar

DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 16, 1937

I last saw her alive on Dec 16, 1937 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset June 6 1937

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leary Jr M. D.

(Address) 1153 Eutaw St

F 41876

41876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N Gilmore St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ambrose Scott

If U. S. Veteran specify WAR

(a) Residence: No. 906 N Gilmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Scott

6. DATE OF BIRTH (month, day, year) Nov 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME Samuel Scott

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

MOTHER

15. MAIDEN NAME Laura Lawes

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Rebecca Walters

(Address) 111 N Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Co. Va. Date Dec 17 '37

19. UNDERTAKER Jno. Geo. H. Lockard

(Address) 1631 Druid Hill Ave

20. FILED Dec 17, 1937 Wm. F. Swartzell M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec 11, 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If (so, specify)

(Signed) Wm. F. Swartzell M. D.

(Address) 58 Chauncey St. (Coroner)

Dec 17 1937

F 41877

41877 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 94-b

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 S. CLINTON ST. St. 96-11 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 50 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM F. KLENSKE

If U. S. Veteran specify WAR .....

(a) Residence: No. 913 S. CLINTON ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of LILLIAN KLENSKE

6. DATE OF BIRTH (month, day, year) JAN. 29-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CHICAGO ILL.

FAMILY INFORMATION

13. NAME AUGUST KLENSKE

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME MINNIE MANSE

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT RAYMOND KLENSKE
(Address) 913 S. CLINTON ST. (SON)

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN CEM. Date DEC 18 19 37

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

20. Filed ..... 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 15 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937 to Dec 15 1937

I last saw h.. alive on Dec 15 1937. Death is said to have occurred on the date stated above, at 5/15 m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion Dec 15	1937
Benign hypertrophy Prostate	1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Kaufman M. D.

(Address) 3501 Fait Ave

11878 STATE OF MARYLAND—CERTIFICATE OF DEATH

11878

1. PLACE OF DEATH

County

Village or City Baltimore

9-194-a

Registration Dist. No.

No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Morris Smith If U. S. Veteran, specify WAR None

(a) Residence No. 704-E. 41 st St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Julia M. Smith

DATE OF BIRTH (month, day and year) Jan 22-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	25	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tobacco salesman

10. Date deceased last worked at this occupation (month and year) Nov 28 1935. 11. Total time (years) spent in this occupation 45 yrs

BIRTHPLACE (city or town) Maryland (State or country)

13. NAME David Porter Smith

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Martha L. Chaney.

16. BIRTHPLACE (city or town) Maryland. (State or country)

INFORMANT M. S. Meyam (Address) 704-E 41 st.

BURIAL, CREMATION, OR REMOVAL Place Rumsey Md Date 12-18 1937

UNDERTAKER Wm. Reuben Pumphrey. (Address) Rockville Md

FILED 7 1937 19 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 16 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Dec. 16 1937

I last saw him alive on Dec. 1 1937, death is said to have occurred on the date stated above, at 3 30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris, and Coronary Thrombosis with embolism — Date of onset 1935 - 12-16-37

Other Contributory Causes of importance: Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis G. Llewellyn M. D.

(Address) 3711 Falls Road.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

41879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

41879

1. PLACE OF DEATH Mech Baltimore General Hospital — Registered No. N 11-a

CITY OF BALTIMORE: (No. ..... St., 16 — Ward 0)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore R. Smith — If U. S. Veteran specify WAR .....

(a) Residence: No. Harvard Rd. (Usual place of abode) Carney St., Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Leona Smith

6. DATE OF BIRTH (month, day, year) Jan 16 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Christopher Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Landau

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles T. Smith (Address) 316 Rosemont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date Dec 19 1937

19. UNDERTAKER Conrad J. Dent (Address) 5305 Park Ave

20. FILED Dec 19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	

Other contributory causes of importance:

Collapse

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Stamp Craven, M. D. Coroner

(Address) 1215 Hanover

56

1880 F 11880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 S. Pelham ave 26-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella B. Cornelius

If U. S. Veteran specify WAR .....

(a) Residence: No. 300 S Pelham ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton Cornelius

6. DATE OF BIRTH (month, day, year) Dec 17 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39.	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cape Fear N.C.

13. NAME Rich J. Lowe

14. BIRTHPLACE (city or town) (State or country) Cape Fear N.C.

15. MAIDEN NAME Estella Riley

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Clifton Cornelius

(Address) 300 S. Pelham ave

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Dec 18 1937

19. UNDERTAKER Francis J. Syper

(Address) 1000 N. Eutaw St.

LBD 1937 Huntington Williams Inc

0 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1937 to Dec 14 1937

I last saw her alive on Dec 14 1937 Death is said to have occurred on the date stated above, at 6 - P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri.	1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 1935

For what disease or injury? Carcinoma

Name of operation Hysterectomy Date of 1935

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. S. Harding M. D.

(Address) 4810 Belair Rd.

11881 F 11881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 27-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Alpine Road St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert R. Parker Sr.

(a) Residence: No. 302 Alpine Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy A. Parker

6. DATE OF BIRTH (month, day, year): Nov. 13-1863

7. AGE — Years: 74 | Months: 1 | Days: 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 6 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

13. NAME: James A. Parker

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Ruth E.

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Sadie V. Studeman

(Address) 302 Alpine Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Dec. 20. 1937

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1932 to Dec. 16, 1937. I last saw him alive on Dec. 15 1937. Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset: Dec. 14 1937

Arteriosclerosis

Hypertension

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Hamblin M. D.

(Address) 4037 Falls Road

E 11882

11882 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Morling Ave St., 13 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis T. Wilson

(a) Residence: No. 1309 Morling Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Keziah E. Wilson

7. DATE OF BIRTH (month, day, year) Aug. 14-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

13. NAME Joshua Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Griffee

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Keziah E. Wilson

(Address) 1309 Morling Ave.

18. BURIAL, CREMATION, OR REMOVAL Providence, Gamby, Carroll Co. Date Dec. 18 1937

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

DEC 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec 15 1937

I last saw h alive on Dec 14 1937. Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 10
Prostatic Hypertrophy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 41883

1883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 802 S. Dallas St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Tilkanich

(a) Residence: No. 802 S. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Tilkanich

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Some Years

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER 13. NAME John Haddock

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER 15. MAIDEN NAME Do not Know

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Mary Adams

(Address) 913 N. Iris St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 18 1937

19. UNDERTAKER John Ulrich

(Address) 2108 Dallas

FILED Dec 18 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and from (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (I.C. Apoplexy)	Dec. 16-1937
Other contributory causes of importance: Arterio-Sclerosis General	Some Years

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

F 41884

41884 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 11-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 414 N Mount St. 19-1 Ward)
Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Meredith
(a) Residence: No. 414 N Mount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — — 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	34	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) 1 yr ago
11. Total time (years) spent in this occupation 5 yrs

PARENTS

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jeremiah Meredith
(Address) 414 N Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Shipmans, Va Date Dec 18, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3228 Schroeder St

FILED 1937 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 16th 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th 37 to Dec 16th 1937
I last saw her alive on Dec. 16 1937. Death is said to have occurred on the date stated above, at 11.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Rec. Bronchitis & Influenza	

Was an operation performed? no Date of .....
For what disease or injury?
Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) 514 N Carrollton Ave

41885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41885

#27776

SF

CERTIFICATE OF DEATH

45-6

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Michael Joe Rogouski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1620 Benhill Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/16/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joe

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian G.A.C. Date Dec. 18 1937

19. UNDERTAKER John G. Greblinckas Jr.
(Address) 423 S. Paca Street

20. FILED 19..... Registrar .....

DEC 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25-1937 to 12-14-1937

I last saw h. living alive on 12-14-1937. Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip with metastases	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. G. Arnigan M. D.

(Address) Baltimore City Hosp.

F 41886

41886 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathews Scott

(a) Residence: No. 821 N. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Scott

6. DATE OF BIRTH (month, day, year) Oct. 27, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Nathaniel Scott

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Minnie Flamington

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ada Scott

(Address) 821 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date 12/18/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 571 W. Biddle St.

DEC 18 1937 Huntington Mathews Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Appendix

Other contributory causes of importance:

Was an operation performed? Yes Date of? Dec 14 1937

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of? Dec 14 1937

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. C. Mehrling Coroner M. D.

(Address) 2757 N. Howard

M. D. F. 1262-0

F 41887

11887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 7th St. 12-7 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lerla Harrington

(a) Residence: No. 2800 7th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Harrington

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 27 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. C.

13. NAME: Richard Rivers

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME: Bessie Lindsay

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Thomas Harrington

(Address): 2800 7th St.

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt. Auburn Cemetery Date: Dec 18 1937

19. UNDERTAKER: Archibald A. Gaddis

(Address): 2101 W. Baltimore St.

20. FILED: 8 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-15- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937 to Dec. 15, 1937

I last saw h[illegible] alive on Dec. 15 1937. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance: acute upper Resp. Infection	

none

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Kalb M. D.

(Address) 312 E. 23rd St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1888 CERTIFICATE OF DEATH ✓ 23 F 11888

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Post St. 6-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A Byrne

If U.S. Veteran specify WAR No Record

(a) Residence: No. 11 N. Post St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Martha Byrne

6. DATE OF BIRTH (month, day, year) Dec 20th 1905

7. AGE: Years 31; Months 11; Days 26; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: PWA

10. Date deceased last worked at this occupation (month and year): Oct 1937

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Chas. J. Byrne

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary Johnston

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Martha Byrne

(Address): 11 N. Post St

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Dec 20th 1937

UNDERTAKER: Wm Cook

(Address): 1217 St. Paul St

FILED: DEC 21 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec 16 1937.

I last saw him alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

Heart Failure — Myocarditis — Date of onset 12/13/37

Other contributory causes of importance: Pulmonary Tuberculosis — 3 mos

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. J. Magee M. D.

(Address) 604 E Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4188?

CERTIFICATE OF DEATH

59

F 4188?

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~1~~ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Mary D. Cutino

(a) Residence: No. Woodbrook Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/4/1867 (1865)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70?	(72)	8 9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Anthony L Choppes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clementine Johanning (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Marys (Govans) Date Dec 20 37

19. UNDERTAKER Wm Cook 1217 St Paul St

(Address)

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/5/37, 19 ... to 12/17/37, 19 ...

I last saw her alive on 12/17/37, 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene of L foot	3 months
Amputation of foot	5 days

Other contributory causes of importance:

Cerebral Arteriosclerosis Psychosis	

Was an operation performed? Yes Date of 12/3/37

For what disease or injury? Diabetic Gangrene of foot

Name of operation Amputation of leg

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Richard H Pembroke Jr, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41890

CERTIFICATE OF DEATH

11-a

890

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Barney St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Daniel Wilkins

If U. S. Vet. specify WAR No Record

(a) Residence: No. 507 Barney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wilkins Thos Wilkins

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Edith Walton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Edith Wilkins
(Address) 507 Barney

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Clare Date 12/18 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 12-18-1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17. 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 9- 1937 to Dec 17 1937

I last saw him alive on Dec. 16 1937 Death is said to have occurred on the date stated above, at 6 30 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 d
Other contributory causes of importance: Influenza	3 d.

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation None

What test confirmed diagnosis? Stethoscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos F A Stevens M. D.

(Address) 2878 Harford Rd

41891

HEALTH DEPARTMENT—CITY OF BALTIMORE

41891

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital — Registered No. 12-6 181

CITY OF BALTIMORE: (No. ___ St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Grace A. Cook.

(a) Residence: No. 2706 Maryland ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 12/16/37

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert A. Cook.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Virginia Gill

16. BIRTHPLACE (city or town) (State or country) Bath, Me.

17. INFORMANT Peyton Cook 2706 Maryland ave.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Loudon Park Date 12/18 37

19. UNDERTAKER (Address) Wm. Cook 1519 N. Paul St

20. FILED ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive Sarcoma of Lower Extremity, Right Thigh	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/16, 1937

Where did injury occur? 2706 Maryland ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Started to light the kitchen stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Grasser, M. D.
Coroner

(Address) 1215 Hunt Ave.

M. D. B. 1268-9

F 11892 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11892

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N. Monroe St. 16-4 Ward)

Length of residenre in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna Carr Lewis War No Record

(a) Residence: No. 918 N. Monroe St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of William W. Lewis

6. DATE OF BIRTH (month, day, year) Nov. 15 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hamilton (State or country) Virginia

FATHER

13. NAME Thos. Ed Lowe

14. BIRTHPLACE (city or town) Hamilton (State or country) Virginia

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs. Estonia C Berry (Address) 1826 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date 12/20 1937

19. UNDERTAKER William Cook (Address) 1219 N. Paul St.

20. FILED DEC 21 1937 Huntington Whitaker, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1937 to Dec 17 1937

I last saw her alive on Dec. 17 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1932
Other contributory causes of importance:	
Lobar Pneumonia	12/5/37

Name of operation none Date of

What test confirmed diagnosis Hyaline Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Daniel Brown M. D.

(Address) 1663 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11893

CERTIFICATE OF DEATH

93-C F 11893

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Overhill Road St. 27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Schulz Dohme

(a) Residence: No. 400 Overhill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Dohme

6. DATE OF BIRTH (month, day, year) January 23, 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
96	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Wilhelm Schulz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. A. R. L. Dohme

(Address) 5204 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 18, 1937

19. UNDERTAKER Wm. Tickner & Sons

(Address) North & Druid

DEC 18 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 16, 1937

I last saw her alive on Dec. 15, 1937 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset several years

Other contributory causes of importance:

Old Age

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C Blake, M. D.

(Address) Med Arts Bldg

41894 E 41894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter McGuigg

If U. S. Veteran specify WAR .....

(a) Residence: No. 452 Wicomico St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa McGuigg

6. DATE OF BIRTH (month, day, year) Mar. 13, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal Worker

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER FATHER

13. NAME James McGuigg

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Rebecca Tilbs

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Edwin McGuigg

(Address) 145 Wicomico St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 20 1937

19. UNDERTAKER Mr. & Mrs. John W. Penkala Son

(Address) 201 W. Fayette St

20. FILED DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937 to Dec 17, 1937

I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 4.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 13
Other contributory causes of importance:	
Senile hyd arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard H Pembroke M. D.

(Address) Mercy Hospital

41895 ✓ F 41895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Houck

If U. S. Veteran specify WAR

(a) Residence: No. 58 Link Ave Halethorpe Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20. 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	5	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Clarence E Houck.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen J. Scheeler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Clarence E. Houck.

(Address) 58 Link Ave Halethorpe.

18. BURIAL, CREMATION, OR REMOVAL

Place New Bethesha Dec. 20. 1937

19. UNDERTAKER Ebenezer Son

[illegible] 1937

20. FILED 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound right forearm	Nov 26

Other contributory causes of importance: Gas Gne. Gangrene.

Was an operation performed? yes Date of Nov. 30.

For what disease or injury? Amputation of forearm

Name of operation Amputation Date of 11/30

What test confirmed diagnosis Exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov. 26. 1937.

Where did Injury occur? Halethorpe Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place woods while hunting.

Manner of injury Accidental. hunting.

Nature of injury Gun shot. rt forearm

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Martin L Hanna Coroner M. D.

(Address) 877 W Baltimore St

✓ F 41896

41896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 1572

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 76 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stuckrath ☐ U. S. Veteran (specify WAR)

(a) Residence: No. 4525 Parkside Drive St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower (Last)

3a. If married, widowed or divorced HUSBAND of (or WIFE of) Victoria Alice Stuckrath

6. DATE OF BIRTH (month, day, year) Sept 23-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Stuckrath

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 18, 1937

19. UNDERTAKER Rita Wiedefeld

(Address) 91[illegible] Greenmount Ave

DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I last observed the remains described above, said on ~~Injury~~ (Injury or Illness)

Injury (Duration of Illness or Injury)

hrs. days, on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated right inguinal hernia	Dec 16
Intestinal obstruction	
Gangrene small intestine	Dec 16
Edema inguinal hernia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 16-1937

For what disease or injury? Strangulated hernia

Name of operation To reduce hernia Date of Dec 16-1937

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

E 41897

41897 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 8-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ferdinand Bower

(a) Residence: No. 1518 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fish dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mrs. Clifford Bower

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Jeanette Struble

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Jeanette Bower
(Address) 1518 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 20 1937

19. UNDERTAKER Pila Weidfeld
(Address) 914 Greenmount Ave

19. FILED 8 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Dec 17, 1937.

I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral lower lobes)	12-12-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph Hospital

1898 F 11898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Brainerd Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 416 E - St. (Usual place of abode) Spring Hill St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Glenna B Johnson

6. DATE OF BIRTH (month, day, year) Oct 15 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation for 6 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thos Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Marton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs F L Garrison (Address) Wash D C

18. BURIAL, CREMATION OR REMOVAL Place Parkwood Date Dec 20 1937

19. UNDERTAKER John Ulbrich (Address) 2018 Orleans St

20. FILED ... 19... Registrar. DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 16 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 - 1937 to Dec 16 - 1937

I last saw him alive on Dec 16 - 1937. Death is said to have occurred on the date stated above, at 11 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Dec 1 - 1937
Acute Pulmonary Oedema	Dec 16 - 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Louis Sauber M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

11899

CERTIFICATE OF DEATH 46 E F 11899

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. Lafayette Ave. St., 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME WILLIAM C. VON RESTORFF

(a) Residence: No. 1911 E. Lafayette Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Von Restorff

6. DATE OF BIRTH (month, day, year) April 13, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Chas. F. Von Restorff

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Boudy

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Mary E. Von Restorff
(Address) 1911 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Mem. Dec 20 1937

19. UNDERTAKER John Ulrich & Sons Inc.
(Address) 1004 Caroline St

FILED Dec 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1937 to Dec 15 1937

I last saw him alive on Dec 15, 1937. Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal carcinomatosis	about
Other contributory causes of importance:	

Was an operation performed? No Date of Oct 1937

For what disease or injury? Exploratory Diagnosis

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

F 41900

41900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Potomac St. 7-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Rausch

(a) Residence: No. 514 N. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theodore Rausch

6. DATE OF BIRTH (month, day, year) August 7 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anton Primus

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Libby

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Theodore Rausch
(Address) 514 N. Potomac St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place Parkwood Date Dec. 20 1937

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans st.

20. FILED DEC 16 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1937, to Dec. 16, 1937
I last saw her alive on Dec 14, 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Cerebral Hemorrhage	12/7/37

Other contributory causes of importance:

High Blood Pressure, Hardening of Arteries	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury X

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. A. C. Krauss M.D.

(Address) 1707 Fountain Rd.

✓ F 41901

41901 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Barclay St. 2-4 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jacob Gaa

(a) Residence: No. 2222 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gaa.

6. DATE OF BIRTH (month, day, year) May 17 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodworker 50+

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Gaa

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Michael Gaa

(Address) 1535 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/20 19 37

19. UNDERTAKER Richard F. Cluley

(Address) 400 E. Madison Ave

20. FILED 19 Dec 21 1937

0 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry And that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/8/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Crans M. D.
Coroner

(Address)

1902 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 41902

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Lane

If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 East Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wallace Lane

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Elizabeth Terry

(Address) 1403 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12/18/37 19

19. UNDERTAKER Robt F Wilkerson

(Address) 1515 McCulloh St

20. FILED DEC 18 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1937 to 12-13, 1937

I last saw h[illegible] alive on 12-13, 1937. Death is said to have occurred on the date stated above, at 6[illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Tuberculous pneumonia	

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. R. Jackson M. D.

(Address) Provident Hospital

F 11903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15430--RHW

F 11903

1. PLACE OF DEATH

Registered No. 16-223

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Miller

(a) Residence: No. 1126 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-26-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. errand boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Sanders

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/20 37

19. UNDERTAKER Wm F A Jackson
(Address) 916 Pennsylvania

20. FILED 19 Registered

DEC 18 1937 Huntington Wire

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-31 1936 to 12-16 1937

I last saw him alive on 12-16 1937 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Tuberculous pneumonia	Unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 12-14-37

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) L. L. Woods and Jr. M. D.

(Address) Balto. City Hosp.

M. D. R. 1268-9

41904 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE 1904

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Annapolis St. Ward 5)

Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Isaac Chase

(a) Residence: No. 2314 Annapolis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, year): Aug 3, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Isaac Chase

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Gertrude Thomas

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Anna Schaffer

(Address): 2314 Annapolis St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Dec 16 1937

19. UNDERTAKER: Bernard A Finch,

(Address): 2411 Pulaski Road

20. FILED 1937 Charlestown Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/16/37

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1937 to Dec 16 1937

I last saw him alive on 12/16/37 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/1/37

Other contributory causes of importance:

Arteriosclerosis	12/5/37
Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, how? ...

(Signed) Howard Dyer, M. D.

(Date) 12/17/1937

41905 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 41905

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 1577

CITY OF BALTIMORE: (No. Bay View St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Golden — If U. S. Veteran specify WAR

(a) Residence: No. 406 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York U.S.A.

FATHER

13. NAME William Golden

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pate (Unknown)

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT U. S. Records Welfare Bd.
(Address)

18. BURIAL, CREMATION, OR REMOVAL 12-19-37
Place Eagle Date 19

19. UNDERTAKER Chas. Lunsford & Son
(Address) 1434 E. Baltimore St

20. FILED DEC 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	day
Other contributory causes of importance: Pulmonary Tuberculosis Cystitis	Years Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

Butler ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41906 — CERTIFICATE OF DEATH — 108 F 41906

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 N Le St. 22 Ward) 2 — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert Butler — If U. S. Veteran specify WAR ____

(a) Residence: No. 633 N Lee St., ____ Ward. ____ (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Hopper

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 12/18 . 1937

19. UNDERTAKER Isaiah L Brown Son (Address) 1818 Monty or ... Huntington Ave Baltimore Md

20. FILED DEC 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 . 1937 to Dec 15 . 1937

I last saw ~~him~~ alive on Dec 15 . 1937 Death is said to have occurred on the date stated above, at 8 17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Toxemia

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H G Stamphenna M.D.

(Address) 701 N Homewood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41907

CERTIFICATE OF DEATH

82-F 41907

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Johnson

(a) Residence: No. 1119 Brisco St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jos. Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Gross

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mamie Curry

(Address) 1135 Warner St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/20, 1937

19. UNDERTAKER Sarah L Brown Sons

(Address) 10 So Montgomery St

DEC 18 1937

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) F. K. Nolan, M. D.

(Address) 2757 W. North Ave.

Coroner

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41908

CERTIFICATE OF DEATH

46-E F 41908

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 St Paul St 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth 60 yrs. 4 mos. 5 ds.

2. FULL NAME Edith B. Magruder

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3008 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theron M. Magruder

6. DATE OF BIRTH (month, day, year) August 11 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Middletown Maryland

FATHER

13. NAME Alphonse C. Brasonier

14. BIRTHPLACE (city or town) (State or country) Middletown Maryland

MOTHER

15. MAIDEN NAME Elizabeth R. McGee

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Mr T. M. Magruder (husband)
(Address) 3008 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec-18-37

19. UNDERTAKER Stewart Mortuary Company
(Address) 128 W. Mt. Royal Ave.

DEC 18 1937

Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to Dec. 16, 1937

I last saw him alive on Dec. 16, 1937 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder	March 37

Other contributory causes of importance:

Was an operation performed? Yes Date of July 2, 1937

For what disease or injury? abdominal exploration

Name of operation → Imperfect coma of gall bladder

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Wilson Howard M. D.

(Address) 12 E. Eager St. Balto.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41909

CERTIFICATE OF DEATH

23 F 41909

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pluney White (28600)

(a) Residence: No. 615 Conway St. St., 22 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coley

6. DATE OF BIRTH (month, day, year) April 1, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Morgan Bertrand

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Mary Lou

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Allyn Date 12/20 '37

19. UNDERTAKER Watts Bros

(Address) 1342 W. Lombard St.

20. FILED DEC 18 1937 H. Eugene Hillman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1937 to Decerber 17, 1937

I last saw her alive on December 17, 1937 Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct 1937
Other contributory causes of importance: Rheumatic Heart disease	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

Annie McFarland. F 41910

41910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 20 N 25th St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie McFarland If U. S. Veteran specify WAR

(a) Residence: No. 20 N 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Joseph W. Farland

6. DATE OF BIRTH (month, day, year) 1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carrie M. Farland
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date Dec 20, 1937

19. UNDERTAKER
(Address)

20. FILED Dec 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/14/37

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm H Evans, M. D.
Coroner

(Address)

S 6

F 41911

41911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3245 Abell Ave. St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Williams Scholtz Lentz

(a) Residence: No. 3245 Abell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Scholtz Lentz

6. DATE OF BIRTH (month, day, year) 2-17-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Lentz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lena Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret Scholtz Lentz
(Address) 3245 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/20, 1937.

19. UNDERTAKER Wm. M. Wedekind
(Address) 1701 Eastern Ave

20. FILED 19 Register No.

D 1937

6 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1937, to December 16, 1937.

I last saw him alive on December 15, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
La Grippe	12/14/37
Other contributory causes of importance:	
Myocarditis	1934
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation ----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 401 E. 25th Street

11912

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28745

F 11912

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. [illegible] Ward) life

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joan Scott

If U. S. Veteran specify WAR

(a) Residence: No. 813 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/20/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
11 mo.	0	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Cox

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Dec 18 1937

19. UNDERTAKER Mrs Nellie B Williams
(Address) 322 N Schroeder St

[illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec 17 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1937 to Dec 17 1937

I last saw her alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	Dec 9
Other contributory causes of importance: None.	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Roseman M. D.

(Address) Balto. City Hospitals

M. D. B. 2288-9

11913

F 41913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Harry Root

(a) Residence: No. 2627 Tyler Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winifred E. McMahon

6. DATE OF BIRTH (month, day, year) July 11th, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John S. Root

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Julia A. Clifford

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Winifred E. Root (Wife)

(Address) 2627 Tyler Street

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 12/18/37

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED 12 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained, by (Personal Attendance or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 15 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel W. Vale M. D.

(Address) 1331 E. Monument St.

DEC 18 1937

F 41914

F 41914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lindsey Hurley

(a) Residence: No. 7209 N. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lenore Hurley

6. DATE OF BIRTH (month, day, year) Sept. 13th 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Shipbuilding Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scottsville Va.

FATHER

13. NAME Walter Hurley

14. BIRTHPLACE (city or town) (State or country) Scottsville, Va.

MOTHER

15. MAIDEN NAME Julia

16. BIRTHPLACE (city or town) (State or country) Scottsville Va

17. INFORMANT Leonard Hurley

(Address) 9241 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkesburg Cemetery Date Dec. 19. 1937

Parkesburg, Pa.

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED DEC 19 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull, Left parietal region	
Laceration of Brain	
Left leg	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12. 16. 1937.

Where did injury occur? Bethlehem Steel Shipbuilding Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Key Highway)

Manner of injury Struck by fall of car

Nature of injury Contusion head, fracture leg

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Occupance.

(Signed) Thomas Cramer M. D. Coroner

(Address) 1216 Hanover

V S 6

F 41915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41915

CERTIFICATE OF DEATH

Registered No. 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts 13-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wittle Machanic

If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isreal Simon

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abrahame

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Machanic - Son (Address) Esplanade Apt.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Dec 12/21 1937

19. UNDERTAKER Jacob Louis Levy (Address) 1437 E. Baltimore St.

20. FILED ... 19 ... Registrar.

DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1937 Dec. 17, 1937

I last saw her alive on Dec. 17, 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	2 days

Other contributory causes of importance

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor D. Levy M. D.

(Address) 2324 Eutaw Place

F 41916

41916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Edmondson Ave St.) (Ward) 3

Registered No. 93-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Adell

(a) Residence: No. 838 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wh	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris Adell

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harris Adell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Florence Adell

(Address) 838 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bailey Balto Co Date 12/20/57

19. UNDERTAKER Norwood Fields

(Address) 2101 McCulloh

20. FILED . . 19 . . Registrar

C.O. 19 1957

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) fix the said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fatty pericarditis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Nauin Kramer M. D. Coroner

(Address) 111 Penna Ave

41917 F 41917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 318 N. Mount St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Bagwell

(a) Residence: No. 318 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bagwell

6. DATE OF BIRTH (month, day, year) Sept 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 1070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Co S.C.

MOTHER

13. NAME Georgie W. Bagwell

FATHER

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan E. Hatton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Catherine Bagwell
(Address) 318 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 12/19, 1937

19. UNDERTAKER Archibald C. Geddes
(Address) 2101 Mc Culloh St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1937 to December 17, 1937. I last saw him alive on December 14, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12/10.37
Other contributory causes of importance: Ben Tonsilitis Double	11/30.37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Presstman St

41918 F. S.—100 Bks. F 41918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 200 N Parrish ST. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Parker

(a) RESIDENCE NO. 200 N Parrish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 9, 1913

7 AGE — Years: 24 Months: 2 Days: 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Nellie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Nelly Parker

(Address): 200 Parrish St

15 DEC 18 1937 19— [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 17, 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 17, 1937, that I last saw her alive on Dec. 17, 1937 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of [illegible]

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J Douglas Sheppard M. D.

12/18, 1937 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 12/21 1937

20 UNDERTAKER: T. E. Kelson

ADDRESS: 1307 Presstman St

E 41919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 41919

CERTIFICATE OF DEATH

✓ 174

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~1 yr~~ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harwell Pack

(a) Residence: No. 1142 N Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. ~~Single~~, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 22 1917

7. AGE: Years 20 | Months 0 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Helper on Truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: Jasen A Pack

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Carrie Gray

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Mr Jasen Pack

(Address) 1142 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/19 1937

19. UNDERTAKER: Thomas E Kelson

(Address) 1303 Presstman St

20. FILED 19 Registrar

DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence ~~obtained by~~ autopsy (Inquest, Autopsy or otherwise) ~~held on~~ autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Stab wound of Chest — Date of onset Dec 14 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 15 1937

For what disease or condition? Repair stab wound of abdomen

Name of operation Repairing wound Date of Dec 15 37

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Dec 14 1937

Where did injury occur? Calhoun & Lauren Sts Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - School

Manner of injury During a fight, was stabbed

Nature of injury Pocket Knife wound chest Abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo J Allen M. D.

(Coroner)

(Address) 50 Augusta St.

F 41920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41920

CERTIFICATE OF DEATH

✓108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Owens

(a) Residence: No. 1320 Whatcoat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored Widower	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plymouth, N. C.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Rachel Owens
(Address) 1320 Whatcoat St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date Dec, 19, 1937

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Pennsylvania Ave.

FILED DEC 19 1937, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1937, to Dec 16, 1937

I last saw him alive on Dec 16, 1937. Death is said to have occurred on the date stated above, at 12 45 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Urinary Retention	11/12/37
Other contributory causes of importance:	
Pneumonia (Lobar) Rt Side	12-10-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Gilbert C. Packman M. D.

(Address) St. Agnes Hospital

11921

HEALTH DEPARTMENT—CITY OF BALTIMORE

11921

CERTIFICATE OF DEATH

183 CC

1. PLACE OF DEATH Dock Baugh Chemical Co. Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Clinton and Marten St. 75-W Ward)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William J. Honay

(a) Residence: No. 1703½ Pressbury St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary Honay (dead)

6. DATE OF BIRTH (month, day, year) Aug 15-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scowman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scow

10. Date deceased last worked at this occupation (month and year) Dec 14-1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Honay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Lewis

(Address) 1602 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec. 19 1937

19. UNDERTAKER Perrigo E. Sons Co

(Address) 1303 Pennsylvania Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1937

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest (Inquest or Autopsy or Inquiry) thereon and from the evidence (Inquest or Autopsy or Inquiry) died as said deceased came to said death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned, accident.	Dec. 14 1937
Performing his duty	Dec. 14 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury Dec 14 1937

Where did injury occur? Dock Baugh Chemical Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Drowned

Nature of injury Fell while Walking Leaner fast

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify At Work as scowman

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

V S 6

Baylis

F 11922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11922

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1655 N. Monroe St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Rosa Kirschman

(a) Residence: No. 1655 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ross

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician's Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rose Kirschman

(Address) 1655 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Lodge Rd Date: 12/19/37

19. UNDERTAKER: Jack Lewis Inc.

(Address) 1917 E Balto St

20. FILED 19 Registrar.

DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-16- 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1937 to Dec. 18 1937

I last saw h alive on Dec. 16 1937 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2y
" Nephritis	
Other contributory causes of importance: Sclerosis of lungs	10y

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2040 Eutaw Pl

F 41923

41923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Homeland Ave. St. 27-11 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca I. Goodman

(a) Residence: No. 417 Homeland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Goodman

6. DATE OF BIRTH (month, day, year) Aug. 16, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ---------- Ijams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss. Mary Edwards,
(Address) 502 E. 42nd. St.

18. BURIAL, CREMATION OR REMOVAL
Place Chev Shalom Date Dec. 20 1937

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED ..... 19..... Registrar.

DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Dec 17, 1937

I last saw h alive on Dec 17, 1937. Death is said to have occurred on the date stated above, 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Ch. Ds Nephritis	1935
Chr Myocarditis	1937
Carcinoma of liver.	1937
Other contributory causes of importance:	
Influenza	1937

Was an operation performed? N Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
N If so, specify

(Signed) D. N Bishop M. D.

(Address) 501 Sheridan Ave.

M. D. B. F 41924 ✓ F 41924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Monastery of St Mary Magdalen
CITY OF BALTIMORE: (No. 15 South Mount St. 19-4 Ward) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Magdalen of St. Louis (Henrietta Tadgett)
(a) Residence: No. Monastery of St. M Magdalen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fine sewing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

FATHER

13. NAME James Tadgett
14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary Colter
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sisters of the Good Shepherd
(Address) Mount & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12 20 1937

19. UNDERTAKER Father Hurley
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1937 to Dec 18th 1937
I last saw her alive on Dec 18th 1937. Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 18th 37

Other contributory causes of importance:

Myocardial Insufficiency	1 Year
Chronic Bronchitis	Months

Name of operation None Date of
What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) J. A. Shatard M. D.
(Address) 300 N. Calvert St

1925 33792 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41925

CERTIFICATE OF DEATH

46-F

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., K 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert W. Bingham

If U. S. Veteran specify WAR

(a) Residence: No. Louisville St., ... Ward. ..... Ky

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alene

6. DATE OF BIRTH (month, day, year) 11-8-71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ambassador to Great Britain 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Robert Franklin Bingham

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Delphine Worth

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Louisville Ky. Date Dec 20 1937

19. UNDERTAKER John A. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937 to Dec 18, 1937

I last saw him alive on Dec 18, 1937 Death is said to have occurred on the date stated above, at 7.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 14, 1937

For what disease or injury? Carcinoma Pancreas

Name of operation Exploratory Laparotomy. Biopsy of Liver

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify F. J. OTENOSAK

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

11926 ✓ F 11926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 25-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5025 Williston St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John D. Nugent

If U. S. Veteran specify WAR

(a) Residence: No. 5025 Williston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Vinson

6. DATE OF BIRTH (month, day, year) May 27, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proof reader

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Nugent

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Drum

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Esther C. Sutton
(Address) 5024 Williston St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. 12/20/37

19. UNDERTAKER John O. Little Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 30 to Dec. 17, 37, 19... to 19... I last saw him alive on Dec. 16, 37 Death is said to have occurred on the date stated above, at 4:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1930
Other contributory causes of importance:	
Arterial Hypertension.	1930?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? * Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Lloyd Johnson M. D.

(Address) Catonsville, Md.

41927 F 41927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) South Balto. Gen. Hosp. (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Hildebrand
If U. S. Veteran specify WAR

(a) Residence: No. 513 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeanne E. Hildebrand

6. DATE OF BIRTH (month, day, year) May 18 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER
13. NAME Frederick W. Hildebrand
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Dorothea Arnd
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William H. Hildebrand
(Address) 513 Marshall St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Dec 20 1937

19. UNDERTAKER A. Haugh & Sons
(Address) 1410 E. Chase St

20. FILED 19 Registrar.

DEC 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26 1937, to 12-17 1937, that I saw him alive on 12-17 1937. Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Arteriosclerosis, generalized	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elton Resnick M. D.
So. Balto. Gen. Hosp.

41928 E 41928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL X 7-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Carr

(a) Residence: No. 4 Tennant St St., ... Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Grattan

16. BIRTHPLACE (city or town) (State or country) Md

JOHNS HOPKINS HOSPITAL

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Thompson Md Date 12-19 1937

19. UNDERTAKER J. B. Thurston (Address) 334 Lafayette Av.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1937 to Dec 17 1937

I last saw her alive on Dec. 17 1937. Death is said to have occurred on the date stated above, at 4 45-PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disease of spleen	10-1-37
Other contributory causes of importance:	
Multiple pulmonary infarction	11-5-37
Coronary occlusion	11-17-37

Was an operation performed? ..... Date of ..... none

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? x Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Isadore Jackson M. D.

(Address) Johns Hopkins Hospital

DEC 19 1937

41929 HEALTH DEPARTMENT—CITY OF BALTIMORE F 41929

CERTIFICATE OF DEATH X 46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) (2-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Severyn Hasbrouck

If U. S. Veteran specify WAR World War

(a) Residence: No. 57 Dixon Ave. St., ... Ward. Boonton, N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Hasbrouck

6. DATE OF BIRTH (month, day, year) Jan 25-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drapery & Upholstery

10. Date deceased last worked at this occupation (month and year) Oct 1937

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Lafayette Ind.

FATHER

13. NAME Hasbrouck

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Sarah Bennett

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mrs. Anna L. Hasbrouck (Address) Boonton N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cem. Dec 23 1937

19. UNDERTAKER (Address)

20. FILED ... 19 ... (Registrar)

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937 to Dec. 19, 1937.

I last saw him alive on Dec. 19, 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Jejunum	? 1937
Other contributory causes of importance: Paralytic Ileus	12/17/37

Was an operation performed? Yes Date of Dec. 11, 1937

For what disease or injury? Carcinoma of Jejunum & obstruction

Name of operation Gastro-enterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank M. Weaver, M. D.

(Address) Union Memorial Hospital

F 41930

41930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Henry

(a) Residence: No. unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 9/27/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	14 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Green C.W. Henry

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Johanna McCarter

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Winston-Salem N.C. Date 12-20-37

19. UNDERTAKER Mrs. Geo. N. Holland.
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937, to December 18, 1937.

I last saw him alive on December 18, 1937. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-6-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lamielle M. D.

(Address) Baltimore City Hospitals

F 41931

41931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred, 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Wood

(a) Residence: No. 1526 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Ward Ward

6. DATE OF BIRTH (month, day, year) Sept 21-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Magil Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Brown

(Address) 8 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 17. 37

19. UNDERTAKER Wendell Heppel

(Address) 1403 Eutaw St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest and autopsy (Inquest, Autopsy or Inquest and Autopsy) and from the evidence obtained by examination and inquest and autopsy (Inquest, Autopsy or Inquest and Autopsy) said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd and 3rd degree Burns of Body	Sept 18 1937

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 18. 1937

Where did injury occur? 1526 Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was ignited by overturning of Oil lamp

Nature of injury Burns - to death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins M. D.
Coroner

(Address) 50 Linganore St

VS 6 1937

F 41932

1932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. 1577

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Cor Penna. R.R.Co. Dupp

CITY OF BALTIMORE: (No.) Clinton St., (1-1 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond Clark

(a) Residence: No. 3046 Boston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Raymond L. Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Terry

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elizabeth Clark Mother
(Address) 3046 Boston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Dec 20 1937

19. UNDERTAKER Wendell & Son
(Address) 1420 Eager St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned (accident)	Dec 16 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 16 1937

Where did injury occur? Coal Yard Penna. R.R. Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Clinton St opposite Penna. R.R. Co

Manner of injury Gathering Coal for fuel

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

Use

DEC 19 1937

11933 ✓ E 11933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edward Griffith

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 Linard St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mas	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Martin Griffith

6. DATE OF BIRTH (month, day, year) Oct 7 71.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Griffith

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Elizabeth Owings

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Chas E Griffith

(Address) 604 Orkington Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cem Date Dec 20, 1937

19. UNDERTAKER Margaret G Flynn

(Address) 1422 Light St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 13

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Martin Manna M. D.

(Address) 1822 Baltimore City

V S 6

41934 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 41934

CERTIFICATE OF DEATH

95-B 27449--RHW

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Phillip Inglart

(a) Residence: No. 126 N. Exeter St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married, sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 8/26/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Dec~~ Balto Cem Date Dec 20 1937

19. UNDERTAKER Margaret G. Flynn
(Address) 1422 Light

20. FILED ... 19... Registrar.

DEC 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17 1937

22. I HEREBY CERTIFY, That I attended deceased from October 13 1937 to December 17 1937

I last saw him alive on December 17 1937 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

E 41935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41935

CERTIFICATE OF DEATH

21-2 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1167 Carroll St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis H. Hannettel

If U. S. Veteran specify WAR

(a) Residence: No. 1167 Carroll St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harriett Knapp Hannettel

6. DATE OF BIRTH (month, day, year): April 18/76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hub Clothing Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Wm. H. Hannettel

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Margaret Reiss

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT (Address): Wm. H. Hannettel 1167 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 12/20/37

19. UNDERTAKER (Address): Margaret J. Tyson

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to Dec 18, 1937

I last saw him alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indef.	
Other contributory causes of importance: Acute Dilatation of heart	12/16/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If injury, state

12/18/37 (Signed) H. H. Campbell M. D.

(Address) 164 Hanburn St

✓ F 41936

41936 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Wickham Road St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha C. Stewart

If U.S. Veteran specify WAR ....

(a) Residence: No. 101 S. Wickham Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1574

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7 8	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Virginia

FATHER

13. NAME John William Stewart

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary M. Ryan

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Alice I. Murray
(Address) 101 Wickham Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg, Va. Date Dec. 18 1937

19. UNDERTAKER Dept. Rooth
(Address) 1004 E. Baltimore St.

20. FILED ... 19 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937 to Dec 17, 1937
I last saw her alive on Dec 17, 1937 Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis hypertension	indy "

Other contributory causes of importance: acute cardiac dilatation hypostatic pneumonia 1 week

Was an operation performed? no Date of ....

For what disease or injury? ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred T. Hyde M. D.

(Address) 3791 Frederick Ave

41937

F 41937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Mason

(a) Residence: No. Chincoteague Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee Mason

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John A. Bowden

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Comport Bowden

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chincoteague Va. Date 12-21 1937

19. UNDERTAKER Frederick A. Cole

(Address) 200 W. Pomfret St.

20. FILED 1937 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas and Liver	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, state how

(Signed) H. O. Nelson Coroner M. D.

(Address) 3757 Harford

v 56

If not correct, see instructions on back of certificate. Accuracy is very important.

11938 F 11938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Belnord Ave 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha M. Niebuerding

If U. S. Veteran specify WAR .....

(a) Residence: No. 214 N. Belnord Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman A. Niebuerding

6. DATE OF BIRTH (month, day, year) Aug 30 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emanuel Roberts

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Francis Klug

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Herman A. Niebuerding

(Address) 214 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 20 1937

19. UNDERTAKER Dunward & Covington

(Address) 21 W. 25th St. Balto

20. FILED ..... Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937 to Dec 17, 1937

I last saw h.. alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 7 ?.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	7 hrs.
Other contributory causes of importance:	
Chronic Nephritis	1 yr.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alan R. Lamont M. D.

(Address) 718 N Eutaw St

Balaker.

11939 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11939

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH City Ambulance — Registered No. 1822
CITY OF BALTIMORE: (No. En way to City Hospital 2-2 St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Balaker.
If U. S. Veteran specify WAR.

(a) Residence: No. 1903 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year) Dec 16-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Jos. Balaker
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Richarda Ostrowska
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Victor Morzeski
(Address) 1905 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary 12/20 37

19. UNDERTAKER Wm. L. Fialkowski
(Address) 2007 Eastern ave

20. FILED ... 19 ... Registrar

DEC 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I last saw the deceased alive on Dec 17 1937 and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (C.E. Apoplexy)	Dec 17-1937
Other contributory causes of importance: Calvular Heart disease	Some time

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. C. Woods M. D.
Coroner
(Address) 712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1940 F 11940

CERTIFICATE OF DEATH

V 94-B

1. PLACE OF DEATH John's Hopkins Hospital
CITY OF BALTIMORE (No. 40-B St. Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Haynesworth (or William Davis) If U. S. Veteran specify WAR Worlds

(a) Residence: No. 908 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) 2/21/1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lula
(Address) 908 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 12-20-1937

19. UNDERTAKER Wm. Monroe Wright
(Address) 1211 Mc Elderry St

20. FILED DEC 20 1937, 19__ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Wheeler Coroner, M. D.
(Address) 1918 E. North Ave.

V S 6

Instructions on back of certificate. See ... is very important.

E 41941

11941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Fowlkes

(a) Residence: No. Glencoe, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) June 13 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58 years	6 unknown	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer

10. Date deceased last worked at this occupation (month and year) ~~June 1937~~ June 1937

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Patient Before Death.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Lebanon Cem. Glenco Md.
Place Date Dec 1 1937

19. UNDERTAKER Mrs. P. A. Elliott, daughter
(Address) 1129 N. Arlington Ave.

20. FILED ..... 19..... Registrar.

DEC 23 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/16/37 19..... to 12/17/37 19..... I last saw him alive on 12/17/37 6:45 a.m. Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid & Rectum	Dec 1936

Other contributory causes of importance:

Was an operation performed? yes at Johns Hopkins Hosp Date of June 1937 Balto

For what disease or injury? carcinoma

Name of operation Sigmoidostomy Inguinal Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. L. Jackson M. D.

(Address) Johns Hopkins Hospital

41942 F 41942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Picked up at 109 N Rond St., Ward) Reported Dead at Union Mem Hospital

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Yes World

2. FULL NAME Alfred Miller

(a) Residence: No. 109 N. Rond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Miller

6. DATE OF BIRTH (month, day, year) July 4 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0670

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Thos Miller

14. BIRTHPLACE (city or town) (State or country) Boylston S.C.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Essie Miller

(Address) 1523 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Gdns. Date Dec 20 1937

19. UNDERTAKER Geo. Robt. & Elliott daughter

(Address) 1129 Caroline St.

20. FILED . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary T. B. — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D. Coroner

(Address) Coroner

V 8 6

1931

OCCUPATION is very important. See instructions on back of certificate.

Lena Gertrude Aschemeir

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 41943

CERTIFICATE OF DEATH

58 1943

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.....St. 23-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No..... St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
39	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Harry H. Lutze & Co.
(Address)

DEC 20 1937

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937 to Dec. 16, 1937

I last saw her alive on Dec. 16, 1937 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right and left breasts with general metastasis.	Feb. 16. 1936.

Other contributory causes of importance:

- - - - -

Was an operation performed? yes (2) Date of 1-May 14, 1936 2-Sept. 28, 1937

For what disease or injury? as above (right and left)

Name of operation Radical breast amputations

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Leibel M. D.

(Address) 1224-1226 Hanover St.

Registrar

LHG

41944 E 41944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertina Dorsey

(a) Residence: No. 548 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Dorsey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rebia Rect

16. BIRTHPLACE (city or town) (State or country) Va Va

17. INFORMANT (Address) Joseph Dorsey 548 W. Lee St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 21, 37

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937 to 12/16, 1937

I last saw her alive on 12/16, 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?
Terminal Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irving Freeman M. D.

(Address) University Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41945 — CERTIFICATE OF DEATH — E 41945

1. PLACE OF DEATH Hopkins — Da — Registered No.

CITY OF BALTIMORE: (No. — St. 13 — Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME Carrie May Dilworth

(a) Residence: No. 2202 Mt. Royal Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 14-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Graduate Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert Hyde Dilworth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Seabrook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rhoda L. Jenkinson (Address) 2202 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lutta Ga Date 12 Dec 1937

19. UNDERTAKER Wilson Bros (Address) 1217 E. Baltimore St.

20. FILED 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/37

22. I HEREBY CERTIFY, That I last charged the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 12/9/37

Where did injury occur? Calhoun & Central Apts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between 2 autos.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert F. Gray M. D.
Coroner

(Address) 907 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V 86

41946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-AF 41946

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify War No Record

2. FULL NAME Mr. Mark T. Sunstrom

(a) Residence: No. 934 Brooks Lane St., City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Sunstrom

6. DATE OF BIRTH (month, day, year) Mar. 19, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alpha Chemical Co.

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 12 Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert C. Sunstrom

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret League

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Emerson L. Sunstrom
(Address) 4403 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 20 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED DEC 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937 to Dec 18, 1937

I last saw him alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 3.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, ant. base	12/13/37
Cerebral accident? over	12/14/37

Other contributory causes of importance:
Emphysema, Chronic bronchial asthma, Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert T. Olive M. D.
(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41947

CERTIFICATE OF DEATH

93-cF 41947

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1255 N. Broadway St., 67 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Albert Price

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1255 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male; Color or race: White; Single, Married, Widowed, or Divorced (write the word): Married

4. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katherine M.

6. DATE OF BIRTH (month, day, year): Oct 31 1854

7. AGE: Years: 83; Months: 1; Days: 19; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month, year): 1930

11. Total time (years) spent in this occupation: all

12. BIRTHPLACE (city or town) (State or country): Manchester Md

FATHER

13. Name: John Price

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Katherine Price
(Address) 1255 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 21st 1937

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19 37

22. I HEREBY CERTIFY, That I attended deceased from May 12 1937 to Dec 18 1937

I last saw him alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	?
Chronic Nephritis.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Hyde Slaughter, M. D.

(Address) 1100 E. Monument

F 41948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

F 41948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Ridgewood Road St. 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amalia Louise Waldenburg

If U.S. Veteran specify WAR No Record

(a) Residence: No. 100 Ridgewood Rd Roland Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christian Waldenburg

6. DATE OF BIRTH (month, day, year) Jan — 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lloyd Hoen

(Address) 100 Ridgewood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/21 '37

19. UNDERTAKER Wilbur Cook

(Address) 2417 St Paul St

20. FILED DEC 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Dec 19 1937

I last saw her alive on Dec 19 1937 Death is said to have occurred on the date stated above, at 7:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	!

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Wm Pearce M. D.

(Address) 1 E Preston St

Instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11949 — 82 — at 11949

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorenzo Swann — If U. S. Veteran specify WAR .....

(a) Residence: No. Hughesville St., Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Swann

6. DATE OF BIRTH (month, day, year) Dec. 19 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner Farmer

10. Date deceased last worked at this occupation (month, day, year) 12/19/37 — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bryantown Md

FATHER

13. NAME Jack Swann

14. BIRTHPLACE (city or town) (State or country) Bryantown Md

MOTHER

15. MAIDEN NAME Ida Parker

16. BIRTHPLACE (city or town) (State or country) Hughesville Md

17. INFORMANT (Address) Cyntyse Swann Hughesville Md

18. BURIAL, CREMATION OR REMOVAL — Place Bryantown Md Date 12/20 1937

19. UNDERTAKER (Address) Geo. M. Lovedale Hughesville Md

20. FILED DEC 20 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937 to Dec 19, 1937

I last saw h. in alive on Dec 19, 1937? Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Generalized arteriosclerosis	
Cerebral hemorrhage (left int. caps.)	12/19/37
Terminal hypostatic pneumonia	12/17

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Brumage Owen M.D.

(Address) University Hospital

F 41950

F 41950 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 20-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 549 Kirby Ave St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Clarence Edward Carey
(a) Residence: No. 549 Kirby Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Walter J. Carey
14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Virginia Carey
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Edith Carey
(Address) same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12/20/ 1937

19. UNDERTAKER Frances A Stemmler
(Address) 528 W. Biddle St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death on the date stated above, as follows: (Inquest, Autopsy or Inquiry) Dec 6, 1937

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 215 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V S 6

41951 E 41951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Reisterstown Rd St., 13-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Cohen

(a) Residence: No. 2421 Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles R.

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~437~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Isaac Salavitch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Jacobson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Salavitch
(Address) 2421 Reisterstown Rd,

18. BURIAL, CREMATION, OR REMOVAL Southern ave Cmty Date Dec 21 37

19. UNDERTAKER Sol Levinson Bro
(Address) 1124 N Howard ave

20. FILED ..... 19 ..... By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. ..... 1934 to Dec 19 1937
I last saw h alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	
Carcinoma Breast	

Other contributory causes of importance:

Tuberculosis ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard Cohen M. D.

(Address) Marlborough

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11952 ✓ 95-3F 11952

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Brookfield Ave St. [illegible] Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Fleischman

(a) Residence: No. 2215 Brookfield Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
100			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Fleischman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Walter Samuelson
(Address) 2317 Cadbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Irving Cem Date 12-20- 1937

19. UNDERTAKER Sam Levine Inc
(Address) 1129 E. Baltimore St

20. FILED [illegible] Registrar.

DEC 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19- 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8. 1937 to Dec. 19 1937

I last saw him alive on Dec. 19 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio Vascular disease	
Hypostatic Pneumonia (Bronchial)	10 days
Other contributory causes of importance	
Anemia	3 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Alex C Wenstock M. D.

(Address) 4603 Park Heights

V63

F 41953

F 41953 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1361 Stockton St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida Hattie Brisco

If U. S. Veteran specify WAR

(a) Residence: No. 1361 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of } "

6. DATE OF BIRTH (month, day, year) 2,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39.55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 12 '37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake Utah

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 2 1937 19

19. UNDERTAKER Per H. E. Moore

(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above. 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracalarie	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Ramsey Coroner M. D.

(Address) 1216 Harney

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V S 6

38314

F 11954

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11954

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo Balto Gen Hosp Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Blum

If U. S. Veteran specify WAR .....

(a) Residence: No. 1408 Jackson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Blum.

6. DATE OF BIRTH (month, day, year) May 3 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. bank Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John. Blum.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Barbara. Doney

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. B. Blum. (Address) 1408 Jackson.

18. BURIAL, CREMATION, OR REMOVAL Place — Cedar Hill Date 12/21 1937

19. UNDERTAKER J. Few McCully (Address) 130 E Fort

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-12 1937 to 12-18 1937

I last saw him alive on 12-18 1937 Death is said to have occurred on the date stated above, at 2:35P m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis C
Terminal uremia
Chr. myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Elton Resnick M. D.

(Address) Lo Balto Gen Hosp

Instructions on back of certificate.

1955 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1955

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Franklin Square — Registered No.

CITY OF BALTIMORE: (No. ____ St., 20-25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John C. Evans — If U. S. Veteran specify WAR No Card

(a) Residence: No. 2534 W Fayette St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ellen Evans

6. DATE OF BIRTH (month, day, year) May 13 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Kentucky

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ardmore Evans (Address) 2534 Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date 1/21/37

19. UNDERTAKER J. Wm. C. Phillips Jr. (Address) 1435 E Eden St

20. FILED ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1937

22. I HEREBY CERTIFY, That I last saw the deceased alive on ____ and that death occurred on the date stated above. (Inquest, Autopsy or Inquiry) Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ____ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Hip	1/12
patient spontaneous Amp	
Pt leg	

Other contributory causes of importance: Delayed shock

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/12, 1937

Where did injury occur? Front & 1519 Ramsay St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Stepping

How injury occurred Struck by auto & fell

Brought into another auto

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Luther M. Bagley, Cole M. D. Coroner

(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

156

1956

HEALTH DEPARTMENT—CITY OF BALTIMORE

1956

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 E Federal St., 8-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Mayer

(a) Residence: No. 2423 E Federal St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **splanter, sawyer, bookkeeper,** etc. .....

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME John Mayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Muehlhauser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edna Mayer
(Address) 2423 E Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 2-21- 1937

19. UNDERTAKER John E. Miller Inc
(Address) 2435 E. Oliver St

20. FILED ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937 to Feb 18 1937

I last saw her alive on Dec 18 1936. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation 1
Pneumonia

Date of onset

Other contributory causes of importance: Arteriosclerosis Nov 6 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION IS very important. See instructions on back of certificate.

VS 2

FEB 23 1937

11957

HEALTH DEPARTMENT—CITY OF BALTIMORE

11957

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Eutaw Place. St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Maurice Steinberg,

If U. S. Veteran specify WAR

(a) Residence: No. 1805 Eutaw Place. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pasta J. Steinberg.

6. DATE OF BIRTH (month, day, year) Aug. 16, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manuf

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vienne.

FATHER

13. NAME Alvin Steimberg,

14. BIRTHPLACE (city or town) (State or country) Vienna.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Vienna.

17. INFORMANT Dr. Leon Steinberg,
(Address) 1805 Eutaw Place.

18. BURIAL, CREMATION, REMOVAL
Place Balto. Hebrew Cem. Dec. 20, 1937

19. UNDERTAKER David Goodwin & Son
(Address) 1902 Eutaw Place.

20. FILED ... 19... Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1937 to Dec. 18 1937

I last saw h... alive on Dec. 18 1937. Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs
Other contributory causes of importance: Acute Dilation of Heart	7 days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Elmer C. Claire M. D.

12-20-37 (Address) Greenway Apts.

INSTRUCTION is very important. See instructions on back of certificate.

F 41958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41958

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1006 N. Central St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Higgs Dangerfield Harsey

If U. S. Veteran specify WAR

(a) Residence: No. 1006 N. Central Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Theodore

6. DATE OF BIRTH (month, day, year) 6/15/96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Higgs

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (or) Gladys Dangerfield

(Address) 916 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 12-20 1937

19. UNDERTAKER Mrs B. L. Elliott-Daughter

(Address) 1125 N. Caroline St

20. FILED 19 Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1936 to 12/16, 1937

I last saw her alive on 12/15, 1937 Death is said to have occurred on the date stated above, at 10:15 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Kidney	1 0-1 36

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? bacteriological Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address) 1500 E. Madison

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41959 F 41959

CERTIFICATE OF DEATH

V 91

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2647 N. Calvert St. 12-3 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Abijah Mann

If U. S. Veteran specify WAR .....

(a) Residence: No. 2647 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte S. Mann

6. DATE OF BIRTH (month, day, year) Aug 24 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	3	25+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate only

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law office

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Center Village Ohio

FATHER

13. NAME Abijah Mann

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Betsy Ann Adams

16. BIRTHPLACE (city or town) (State or country) North Adams Massachusetts

17. INFORMANT Louise Adams Mann
(Address) 2647 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 21 1937

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) McCulloh & Orchard Sts.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to Dec 18, 1937

I last saw him alive on Dec 18, 1937 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis	1932
Generalized arterio-sclerosis	1927
Hypertension	1927

Other co-attributory causes of importance:

Was an operation performed? Not Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank N. Opdyke, M. D.

(Address) 2701 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

41960 F 41960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5110 Norwood Ave (St.) 28-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zenobia Pettit Roseman

If U. S. Veteran specify WAR .....

(a) Residence: No. 5110 Norwood Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Roseman

6. DATE OF BIRTH (month, day, year) Jan. 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Dr. Alfred T. Pettit

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucinda V. Stevens

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. J. Henry Roseman

(Address) 5110 Norwood Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date Dec 27 37

19. UNDERTAKER Wm. Tucker Sons

(Address) Noble & Aves

20. FILED ... Registrar.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1930, to Dec. 19, 1937.

I last saw her alive on Dec. 18, 1937. Death is said to have occurred on the date stated above, at 3.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	about 1900
Other contributory causes of importance:	
Cerebral Hemmorhage	12/14/37

Was an operation performed? ... Date of ...

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A Kemp, M. D.

(Address) 3838 Edmondson Ave

Instructions: Use typewriter or write in ink. Fill in all blanks for which there is information. If any item is unknown, state "unknown." See instructions on back of certificate.

F 11961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11961

11-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Margaret Kemp (Kempe)

(a) Residence: No. 3610 Sequoia Ave St., Balto Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George S. Kemp

6. DATE OF BIRTH (month, day, year) Feb 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fr A Uhlfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Krumbein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George S. Kemp

(Address) 3610 Sequoia

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Dec 22 1937

19. UNDERTAKER Fr Engelbrecht

(Address) Norris & Evans

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/16 1937 to 12/19 1937

I last saw him alive on 12/19 1937 Death is said to have occurred on the date stated above, at 12 ~~P.M.~~ A.M.

The principal cause of death and related causes of importance were as follows:

Influenza Hemorrhagic Bronchopneumonia

Date of onset .....

Other contributory causes of importance:

Pulmonary Edema

Pneumothorax Hemic

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. J. Lubarski M. D.

(Address) Bon Secours Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

41962

41962

46-F

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Alameda Blvd St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Wehrhahn

If U. S. Veteran specify WAR

(a) Residence: No. 2913 (Usual place of abode) Alameda Blvd St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wehrhahn

6. DATE OF BIRTH (month, day, year) Dec 5 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	0	13	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ernst Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanna Fuller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Wehrhahn

(Address) 2913 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 12/20/37

19. UNDERTAKER Philip Schmidt Sons

(Address) 2016 Eutaw St

20. FILED ... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937, to Dec 18, 1937

I last saw her alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis (C. a.) Head of pancreas	Oct 19/37
Other contributory causes of importance: Myocardial failure	Dec 14/37

Was an operation performed? Yes Date of Nov 5

For what disease or injury? C.a. Head of Pancreas

Name of operation Exp. Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumman M. D.

(Address) 722 No. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

41963

HEALTH DEPARTMENT—CITY OF BALTIMORE

41963

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Ellwood Ave. St.) (23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otto K. Forster

If U. S. Veteran specify WAR .....

(a) Residence: No. 604 N. Ellwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Johanna Forster

6. DATE OF BIRTH (month, day, year) July 6, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Frame Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Forster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Gertrude Dietrich

(Address) 604 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 12/2/37

19. UNDERTAKER Philip Henrich Sons

(Address) 2116 Eutaw Pl.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 17, 1937

I last saw him alive on Dec 7, 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	12/14/37
Other contributory causes of importance:	
Arterio Sclerosis Hypertension	10/1/37
Myocardium Terminal Infection	12/14/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Otto K. Forster M. D.

(Address) 1117 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 41964

41964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital St., 8-b Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George C. Nikol

(a) Residence: No. 1608 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth G. Nikol

6. DATE OF BIRTH (month, day, year) November 15 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Nikol

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth G. Nikol

(Address) 1608 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec 21 1937

19. UNDERTAKER Gorsuch, Hoen & Sweeney Inc.

(Address) 301 E. Eager St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Endocarditis	
Other contributory causes of importance: Pulmonary Infarction	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D.
Coroner

(Address) 1117 E. Monument

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

11965 ✓ F 11965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 W. Fayette St St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lunzu Dareco

(a) Residence: No. 730 W. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6-47

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 2, 1937

19. UNDERTAKER Per H. A. Moore

(Address)

FILED DEC 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Allen M. D.

(Address) 2757 W. Mont

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

38:7 K

F 41966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1966 210-M

1. PLACE OF DEATH Hopkins Hospital 22 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecilia Andersson If C. S. Veteran specify WAR.

(a) Residence: No. 207 North Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of same

6. DATE OF BIRTH (month, day, year) 1906 -

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) DK

FATHER

13. NAME DK

14. BIRTHPLACE (city or town) (State or country) DK

MOTHER

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) DK

17. INFORMANT Police Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL DEC 2 1937
Place Date 19

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar

DEC 1937

3456 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Base	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-1 1937

Where did injury occur? Hopkins Hospital Catonsville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Nature of injury Struck by automobile while crossing street

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Luther Bentley Culp M. D.

(Address) 202 N. Spring St. City

Vaa

F 11967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11967

CERTIFICATE OF DEATH

82-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Eliza Spence Cg

(a) Residence: No. 908 Lutaw St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 2 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ... 19 ... Registrar

DEC 2 1937

V S 6

3693 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) ... M. D.

(Address) 3757 W. North Ave. Coroner

F 41968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41968

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave. St., 24 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Edna Rush

(a) Residence: No. 3433 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Feb 22 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Anthony

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Roche

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm J Rush

(Address) 3433 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 12/21, 1937

19. UNDERTAKER Bryce A Ingley

(Address) Fayette & Fayette

20. FILED DEC 20 1937, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 13. 1937. to December 18. 1937.

I last saw h.e.Y alive on December 18. 1937. Death is said to have occurred on the date stated above, at 11:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia left & involvment beginning on r lobe	12-10-37

Other contributory causes of importance:

Jaundice

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence J Shumaker M. D.

(Address) St. Agnes Hospital.

V. S. 9

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41969

41969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-2 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Harris

(a) Residence: No. 608 W. Berre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Harris

6. DATE OF BIRTH (month, day, year) Sept. 23, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME S. Soll

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Howard Soll

(Address) 608 Berre

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 20 1937

19. UNDERTAKER Jno A. Smith

(Address) 409 N Howard St

20. FILED Dec 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 N Howard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dec 20 1937

6 14

F 11970

11970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21646--CI

Registered No. 14-4-34-6-107-N

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Hall Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1731 Cole St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie (D)

6. DATE OF BIRTH (month, day, year) 6-12-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rose Crebs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Cem. Date Dec 23rd 1937

19. UNDERTAKER William E. Gore
(Address) 2324 E. Chase St.

20. FILED DEC 23 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to December 20, 1937.
I last saw him alive on December 20, 1937. Death is said to have occurred on the date stated above, at 3.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-20-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. G. De Lautelle, M. D.

(Address) Baltimore City Hospitals

DEC 23 1937

6 H

OCCUPATION is very important. See instructions on back of certificate.

F 41971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41971

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., B 8-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Matthews

(a) Residence: No. 1004 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 11, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hilary Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Evelyn Green

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL DEC 20 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19..... Registrar.

DEC 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Oct 11, 1937

I last saw him alive on Oct 11, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10-11-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

V 6 3

16

3693

F 41971

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

41972 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 41972

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 126

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 70-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Welsh

(a) Residence: No. 437 S. Furrow St., Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William E.

6. DATE OF BIRTH (month, day, year) Jan 17 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Isaac Conway

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Jane Metzdorf

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Helen Welsh

(Address) 437 S Furrow St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 22, 1937

19. UNDERTAKER Martin H. O'Neill

(Address) 37 S Carey St.

20. FILED ... No. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1937 to 12-19, 1937

I last saw her alive on 12-19, 1937 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Emphysema Gall Bladder Cholecystitis —	12-6-37

Other contributory causes of importance: Vaso motor - Circulatory collapse

Name of operation Cholecystectomy Date of 12-8-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Leinhardt M. D.

(Address) Bayview Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

41973

HEALTH DEPARTMENT—CITY OF BALTIMORE

41973

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 E. Fairmount Ave. Ward) 6-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christina Etzel Etzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2002 E. Fairmount Ave. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G.

6. DATE OF BIRTH (month, day, year) April 23 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Francis Fulda

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Finke

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT John G. Etzel

(Address) 2002 E. Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 21 1937

19. UNDERTAKER Martin P. E. Kipple

(Address) 372 Conn St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19[illegible] to December 18, 1937

I last saw h[illegible] alive on December 18, 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma fracture	?
Other contributory causes of importance: Cellulitis of leg	8 mo.

Was an operation performed? No Date of .....

For what disease or injury? Cellulitis removal of Lymph

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert P. Schwartz, M. D.

(Address) 2939 McElderry St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41974 — CERTIFICATE OF DEATH — 131 F 41974

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Ferndale Ave St., 28-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Grace E. Byrne

(a) Residence: No. 3305 Ferndale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	55		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 1069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Walter J. Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred A. Dyer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Katherine B. Byrne
(Address) 3305 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie View Cem. Date Dec 21 1937

19. UNDERTAKER Harry A. Simcoe
(Address) 4204 Ridgewood Ave

20. FILED Dec 22 1937 Harrington Williams Jr.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Dec 19th 1937
I last saw her alive on Dec 19th 1937 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia —	12/18
Cardio-vascular —	
renal disease	1935
Other contributory causes of importance:	
Arteriosclerotic hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

R. V. Knopick M. D.
(Signed)
4710 Liberty Hts
(Address)

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 41974 1937

1937
82

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41975

CERTIFICATE OF DEATH

95-C

F 41975

37 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Allendale Rd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Collins

If U. S. Veteran specify WAR

(a) Residence: No. 2403 Allendale Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle - Collins

6. DATE OF BIRTH (month, day, year) July 19-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerks - 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bureau of Harbor

10. Date deceased last worked at this occupation (month and year) 10 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Collins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ann Rebecca Vickers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Grace Wilson Collins

(Address) 2403 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 21, 1937

19. UNDERTAKER Ellsworth Armacost

(Address) 4204 Ridgewood Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Dec 18 1937

I last saw him alive on Dec 17 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	Jan 1/35
Other contributory causes of importance Myocarditis	Jan 1/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If accident

(Signed) Walter D Tabbett M. D.

(Address) 2220 Harrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 1976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 87

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Finch

If U. S. Veteran specify WAR

(a) Residence: No. 1604 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 15, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Steve Finch

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Rosalee Thrower

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Rosalee Finch (Johnson) 1604 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Dec. 22 37

19. UNDERTAKER (Address) Robert H. Young 2042 N. Caroline St

20. FILED Dec 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-17-1937 to 12-18-1937

I last saw her alive on 12-18-1937 Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical + Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Cath Maloney M. D.

(Address) Provident Hospital Baltimore Md

DEC 23 1937

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 11977

11977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 W. Pratt St., 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick F. Gaynor

If U. S. Veteran specify WAR

(a) Residence: No. 1014 W Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Gaynor

6. DATE OF BIRTH (month, day, year) Nov 23, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Gaynor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Goss

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Gaynor
(Address) 1014 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Dec 21 1937

19. UNDERTAKER F. Vernon Keehner
(Address) 2301 Edmondson Ave

20. FILED ... Registrar

C 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1937 to Dec 18, 1937

I last saw him alive on Dec. 17, 1937. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
Other contributory causes of importance: Generalized Arteriosclerosis	unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nathan Rosen, M. D.

(Address) 2065 Gilson St

DEATH IS VERY IMPORTANT. See instructions on back of certificate.

F 41978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 41978 ✓ 46 28403 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Trazska (TRZASKA)

If U. S. Veteran specify WAR .....

(a) Residence: No. 723 S. Bond St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony

6. DATE OF BIRTH (month, day, year) 3-29-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John T

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine T

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 21 1937

19. UNDERTAKER John M Weber (Address) 1401 E. Chase Street

20. FILED ..... 19 ..... Registrar.

C 21 1937 Remington Methodist, Md. 6 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-19-1937 to 12-18-1937

I last saw her alive on 12-17-1937 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Woodward Jr. M. D.

(Address) Balto. City Hosp.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 St. Paul St. St. 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Stuart

If U.S. Veteran specify WAR ...

(a) Residence: No. 2624 St. Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) May 17, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeepet, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Stuart

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Chestnut

16. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

17. INFORMANT Miss Frances Stuart

(Address) 2624 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/21/37

19. UNDERTAKER Wm Evans & Son

(Address) 805 N. Calvert St.

20. FILED DEC 20 1937 Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/37

22. I HEREBY CERTIFY, That I attended deceased from July 1/37, 19.., to 12/18/37, 19.. I last saw him alive on 12/18/37, 19.. Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset July 37

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gray M. D.

(Address) 622 W. Mount St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 11980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11980

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Balto. Md. 16-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence D. Mackey

If U. S. Veteran specify WAR World War

(a) Residence: No. 1406 Harlem Ave., Balto. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cora Burke Mackey

6. DATE OF BIRTH (month, day, year) Dec. 27, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Md.

FATHER

13. NAME Asbury Mackey

14. BIRTHPLACE (city or town) (State or country) Centerville, Md.

MOTHER

15. MAIDEN NAME Sarah Newman

16. BIRTHPLACE (city or town) (State or country) Centerville, Md.

17. INFORMANT (Address) Records- U.S.Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetary Dec 23, 37

19. UNDERTAKER Mrs Kate R Williams (Address) 322 E Fredrick St

20. FILED ..... 19... Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1937, to December 19, 1937

I last saw him alive on December 19, 1937. Death is said to have occurred on the date stated above, at 6:25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, head of pancreas	4-20-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-10-37

For what disease or injury? Cancer

Name of operation Paracentesis, abdominal

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. N. Anderson M. D.

(Address) U.S.Marine Hospital, Balto. Md.

HMM/6

F 11980

OCCUPATION is very important. See instructions on back of certificate.

MOSS

F 11981

11981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S Carlton St., 18-3 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Moss

(a) Residence: No. 22 S Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Moss

6. DATE OF BIRTH (month, day, year) 3-29-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Mary Moss

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mrs Clarence Moss

(Address) 22 S Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec 21, 1937

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St

20. FILED , 19 Registrar.

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence thereof and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset 12/18/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Aut. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 6 S Carlton St

(Degree)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 1982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11982

CERTIFICATE OF DEATH

47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hosp St., 17-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Jenkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 508 N. Eutaw St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Jenkins

6. DATE OF BIRTH (month, day, year) Oct 5-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Geo. Jenkins
(Address) 1428 Jackson st

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie Brae Date 12/22/37

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Orleans st

20. FILED 12 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937, to Dec 19, 1937

I last saw him alive on Dec 19, 1937. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-17-37
Carcinoma of Larynx	Unknown

Other contributory causes of importance:

Coronary Occlusion

Was an operation performed? Yes Date of .....

For what disease or injury? Carcinoma of Larynx

Name of operation Laryngectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank T. Mamen, M. D.

(Address) South Balto Gen'l Hosp.

DEC 23 1937

H

F 1982

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41983 CERTIFICATE OF DEATH 178-D F 41983

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) John Hopkins St. 1-S (or Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George E. Runk

(a) Residence: No. 13-S Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Runk

6. DATE OF BIRTH (month, day, year) Sept 4 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year) Dec 6 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME W Runk

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Deel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret C Runk

(Address) 13 S Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland PK Date Dec 21 19 37

19. UNDERTAKER John Ulrich & Sons

(Address) Orleans

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (Auto exhaust)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 17 19 37

Where did injury occur Fairmount Ave & Light St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage

Manner of injury Inhaled automobile exhaust

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Member Coroner M. D.

(Address) 1912 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 20 1937

F 11984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11984

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 E Biddle St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 2 hrs 10 min yrs. ..... mos. ..... da.

2. FULL NAME Baby Pirie

If U. S. Veteran specify WAR

(a) Residence: No. 2518 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-19-37

7. AGE Years	Months	Days	If LESS than 1 day... 2 hrs. 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME George Canole Pirie

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Mary Henrietta Spencer

16. BIRTHPLACE (city or town) (State or country) Westminster md.

17. INFORMANT mother
(Address) 2518 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL DEC 20 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 19 Registrar

DEC 20 1937 3658 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1937, to Dec. 19, 1937

I last saw him alive on Dec. 19, 1937. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	(26 wks)

Other contributory causes of importance —

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41985 ✓ F 41985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2013 Linden Ave St. 13-25 Ward)

Length of residence in city or town where death occurred 74 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. W. Hogendorp — If U. S. Veteran specify WAR .....

(a) Residence: No. 2013 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Elias Hogendorp

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Caroline Kuster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick C. Klier
(Address) 2013 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date 12/21/37

19. UNDERTAKER Henry W. Meadows
(Address) 805 N. Calvert St.

20. Filed Dec 23 1937 Huntington West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 1924 to December 19, 1937.

I last saw her alive on Dec. 17, 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis (general)	Report 1924
Other contributory causes of importance: Bulbar palsy (progressive)	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Chas C. Dick M. D.
(Address) 222 Loudon Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11986

CERTIFICATE OF DEATH

85 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Vlcek

U. S. Veteran specify WAR

(a) Residence: No. 929 N. Madeira St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 23, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER 13. NAME Alois Vlcek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER 15. MAIDEN NAME Frances Bucek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frances Vlcek

(Address) 929 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill, Date Dec. 22 1937

19. UNDERTAKER Frank Leach & Son

(Address) 1402 Eastlund Ave

20. FILED Dec 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Post Epilepticus	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenberg M. D. Coroner

(Address) 1919 E. North Ave.

V S 6

H

DEC 23 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41987 ✓ E 41987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Brooklyn 25-4 82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Fourth St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Brough

(a) Residence: No. 4000 Fourth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

11 U S Veteran
pecify WAR ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Edward J. Brough

6. DATE OF BIRTH (month, day, year) Nov. 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Grant

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fitzsimmons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Brough
(Address) 4000 Fourth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Dec. 21, 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 1722 Light St.

20. FILED DEC 22 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937, to Dec 19, 1937

I last saw her alive on Dec 18, 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	4 yrs.
Cerebral Hemorrhage	7 hrs.

Other contributory causes of importance:

Arteriosclerosis	—

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lawrence M. Lenz M. D.

(Address) 1009 Annapolis Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11988 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11988

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Rose St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 32 yrs. ... mos. ... ds.

2. FULL NAME Casimir Lubinski

If U. S. Veteran specify WAR .....

(a) Residence: No. 714 S Rose St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Lubinski

6. DATE OF BIRTH (month, day, year) Feb. 20 / 66

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1240

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Lena Lubinski

(Address) 714 S. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Dec 21 1937

19. UNDERTAKER Stephen J. Falkowski Inc.

(Address) 1000 E. Lenwood ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1937 to Dec. 18 1937

I last saw him alive on Dec. 17, 1937 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Myocardial Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Drew Kenworthy M. D.

(Address) .....

Vh 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41989

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Kuper St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Feldhaus

If U. S. Veteran specify WAR .....

(a) Residence: No. 1407 Kuper St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arnold Feldhaus

14. BIRTHPLACE (city or town) (State or country) Aipiachappel

MOTHER

15. MAIDEN NAME Barbara Whittock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Elizabeth Stahl

(Address) 27 Be Wilcox St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec 2 1937

19. UNDERTAKER Frederick A. Cole

(Address) 1700 W Lombard St

20. FILED DEC 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/37

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937 to Dec 18 1937.

I last saw h... alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/6/37

Other contributory causes of importance:

Asthenia Pulmonary	12/6/37
Ureteral Stricture	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ... (Signed) Stafford Dunn M. D.

(Address) 1700 W Lombard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11990

CERTIFICATE OF DEATH

39091 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 18 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helen Hinsche

If U. S. Veteran specify WAR

(a) Residence: No. 704½ N Appleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hinsche

6. DATE OF BIRTH (month, day, year) 5-3-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Ziebart ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Luchow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kirstine Cemetery Date Dec. 21 37

19. UNDERTAKER George L. Lohmeyer.

(Address) 2101 Frederick Ave.

20. FILED 19 Registrar

DEC 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1937 to 12-19, 1937

I last saw her alive on 12-18, 1937 Death is said to have occurred on the date stated above, at 7:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Vulva with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) K. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41991

41991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Yolando road St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Richardson Kilman

If U.S. Veteran specify WAR ...

(a) Residence: No. 3608 Yolando Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Nelson Kilman, Sr.

6. DATE OF BIRTH (month, day, year) August 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Smith

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Eliza Ann Richardson

16. BIRTHPLACE (city or town) (State or country) Hookstown Maryland

17. INFORMANT Mr. Harry N. Kilman, Jr.
(Address) 3608 Yolando Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Dec. 21 1937

19. UNDERTAKER Garrett Moore
(Address) 1705 N. Baltimore

20. FILED 19 Registrar

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to Dec 19th 1937

I last saw her alive on Dec 19th 1937 Death is said to have occurred on the date stated above, at 8.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 1935
Other contributory causes of importance: Arteriosclerosis	Jan

Was an operation performed? a Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? a If so, specify

(Signed) J. A. Graham M. D.

(Address) 1300 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11992

11992 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

S8929 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Farrell

if U. S. Veteran specify WAR

(a) Residence: No. 2228 Etting St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Farrell

6. DATE OF BIRTH (month, day, year) 2-17-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 ~~64~~	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harrison Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Edith Robinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. ~~BURIAL, CREMATION, OR REMOVAL~~

Place Oak Castle Va Date 12/22 37 19

19. UNDERTAKER William A Jackson

(Address) 916 Pulteney

20. FILED DEC 21 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from September 24. 1937. to December 19. 1937

I last saw her alive on December 19. 1937. Death is said to have occurred on the date stated above, at 7.51 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. De Lauteble M. D.

(Address) Baltimore City Hospitals

V

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

41993 MAT—1500 Bks.

F 41993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1372 Calhoun St. North ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Garfield Duffin

(a) RESIDENCE NO. 1372 N. Calhoun St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgianna Duffin

6 DATE OF BIRTH (month, day, and year): Jany 20- 1883

7 AGE: Years 54 Months 10 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): P. W. A. worker.

(c) Name of employer

9 BIRTHPLACE (City or Town) (State or country): Prince George Co Md.

PARENTS

10 NAME OF FATHER: Charles Duffin

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hettie Wallace

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Georgianna Duffin (Address) 1372 N. Calhoun St.

15 Filed DEC 21 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1937

17

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Dec 18, 1937

that I last saw him alive on Dec. 18, 1937

and that death occurred, on the date stated above, at 3.01 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis' Acute

(duration) yrs 1 mos 14 ds

CONTRIBUTORY (Secondary): Myocarditis Acute

(duration) yrs mos 2 ds

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George C. Shannon, M. D.

, 19 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 12/22/37

20 UNDERTAKER: Thomas E. Kelly — ADDRESS: 1313 Broadway

PLEASE PLACE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11994

CERTIFICATE OF DEATH

29042 M 11994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Memphis Outland

If U. S. Veteran specify WAR

(a) Residence: No. 1256 McElderry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married (Sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clay (Sep.)

6. DATE OF BIRTH (month, day, year) 3-9-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry (d)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Crump (d)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemet Dec 21 1937

19. UNDERTAKER Chas H Nolan

(Address) 1201 Pennsylvania Ave

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 13 1937 to December 17, 1937

I last saw him alive on December 17 1937. Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-13-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lamboy M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 41995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41995

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 15-4 St., Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E Dunnigan

If U. S. Veteran specify WAR

(a) Residence: No. 3602 Edgewood Rd St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lotta

6. DATE OF BIRTH (month, day, year) 5/1/72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaperman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kehler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kinds
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Dec 22, 1937

19. UNDERTAKER Thenowetton Son
(Address) 3615-17 Chestnut Ave

20. FILED DEC 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937 to Dec 19, 1937

I last saw h. alive on Dec 19 1937 Death is said to have occurred on the date stated above, at 6 52 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate with metastases	1931
Paraplegia	Nov 1937
Neurological bladder	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wyland F Leadbetter M. D.

(Address) Johns Hopkins Hospital

Leadbetter

DEC 21 1937

F 41996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41996

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kenshaw Ave near North St. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clinton E. Rafferty

If U.S. Veteran specify WAR ...

(a) Residence: No. Kenshaw Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Rafferty

6. DATE OF BIRTH (month, day, year) Sept 13, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Roller operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Road Com

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Pikesville Balto Co Md

FATHER

13. NAME Daniel Rafferty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Boylan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Rafferty

(Address) Kenshaw Ave Ext Hspl

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 22 1937

19. UNDERTAKER Elmer W. Compton Son

(Address) 124 E. Eager St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to Dec 19 1937

I last saw him alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 6:32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mitral Endocarditis Duration unknown	
Other contributory causes of importance: Chronic Nephritis and Cort Conflagration	Unknown

Was an operation performed? NO Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) C. B. Emrich M. D.

(Address) 4936 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41997 F 41997

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 1877
CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME George W. Tyson
(a) Residence: No. 156 Irving St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary Granger Tyson

6. DATE OF BIRTH (month, day, year) Sept. 1-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER
13. NAME George Tyson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Lena Redgniles
(Address) 156 Irving St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mordend Park Date Dec. 21 1937

19. UNDERTAKER J. Alton Boykin
(Address) 208 S. Monastery Ave

FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry said that said deceased came to [illegible] death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia due to being Scalded	Dec 4 1937
Other contributory causes of importance: Scalded, Uremia	Dec 4-1937

Was an operation performed? [illegible] Date of [illegible]
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Dec 4 1937
Accident, suicide, or homicide?
Where did injury occur? Balto. City Hospitals
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Hospital
Manner of injury Fell turned Geyser in Shower
Nature of injury Scalded about Water

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Ward M. D.
Coroner
(Address) 1712 N. Bond St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41998

41998 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Ridgewood Road St., ... Ward)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? 71 yrs. 8 mos. 12 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Ida Mary Thomas

(a) Residence: No. 200 Ridgewood Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of George P Thomas Jr.

6. DATE OF BIRTH (month, day, year) April 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 12/14/37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME William Henry Straus

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Ann Lillie Schaffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland. (sm)

17. INFORMANT George P Thomas 3rd

(Address) 3913 Canterbury Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec. 21- 37

19. UNDERTAKER Stewart Moore

(Address) 101 W North Ave.

20. FILED DEC 21 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 . 1937

22. I HEREBY CERTIFY, That I attended deceased from December . 1936 . to December . 1937

I last saw her alive on December 3 . 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	12/19/37

Other contributory causes of importance:

Arteriosclerosis unknown

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? clinical course Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Francis W. Gluck . M. D.

(Address) Gilman Apts.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 41999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 41999

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1623 Laurens St. (Ward) 16-B
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Hamlet
If U.S. Veteran specify WAR
(a) Residence: No. 1623 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 12, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Violett Miller
(Address) 1623 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 21 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED DEC 21 1937 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1937 to Dec 18 1937
I last saw him alive on Dec 18 1937 Death is said to have occurred on the date stated above, at 1145 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/18/37
Other contributory causes of importance: Chr Myocard. D.S.	Sept 1937

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B. J. Hatcher M. D.
(Address) 1225 Pa Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42000

CERTIFICATE OF DEATH

V. 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 N. Gurley St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hyman Goodman

(a) Residence: No. 153 N. Gurley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Phillip Goodman

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Rufka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 12/21/37

19. UNDERTAKER Jacob Pumphrey Sons

(Address) 1753 E. Baltimore St.

20. FILED ..., 19... Registrar.

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-37 19

I HEREBY CERTIFY, That I attended deceased from December 17 1937 to December 20 1937

I last saw him alive on December 19 1937 Death is said to have occurred on the date stated above, at 11.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial - asthma	
Other contributory causes of importance: Pulmonary - Edema	Dec. 20

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Injury ..., 19...

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) John G. Ommen M. D.

(Address) 26 E Preston St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

F 12001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12001

CERTIFICATE OF DEATH

72-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

2. FULL NAME Simon Dora Tannenbaum (Simon)

If U. S. Veteran specify WAR

(a) Residence: No. 404 Fairview Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 285

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Chaim

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Southern Ave. Date 12/21/37

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-18-37 . 19 to 12-21-37 . 19

I last saw h... alive on 12-21-37 . 19 . Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoid Leukemia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irwin Sauber M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

DEC 21 1937

F 42002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42002

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3902 Juniper Road St. 13-1 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence E. Corner

(a) Residence: No. 3902 Juniper Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Corner Jr.

6. DATE OF BIRTH (month, day, year) Jany. 24. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Evans Jr.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hester Ann King

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George W. Corner Jr.
(Address) 3902 Juniper Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 21. 1937

19. UNDERTAKER John Oswald & Sons
(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from January 23 1937, to December 19 1937. I last saw her alive on September 15 1937. Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease auricular fibrillation	1925
Other contributory causes of importance: Cerebral embolism	Aug 19 Sept 19 1937

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis. Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. S. Chaffanx, M. D.

(Address) 6210 York Road

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12003 12003

CERTIFICATE OF DEATH

93-E 1049

1. PLACE OF DEATH 305 E 22nd St. Balto. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 305 St. 17 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

2. FULL NAME Nanny Burnett Alexander If U. S. Veteran specify WAR

(a) Residence: No. 305 E 22nd St., Ward. Balto Md. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Elizabeth Fannie Alexander

6. DATE OF BIRTH (month, day, year) Sept 18 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Agent & Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods 1042

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) London, England.

FATHER

13. NAME Solomon Alexander

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Minnie Monter

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Wife E. F. Alexander 305 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL. Place Hebt Friendship Date Dec. 22, 1937

19. UNDERTAKER (Address) David Sondheim & Son 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1935 to 12-20 1937

I last saw h. alive on 12-19- 1937. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure. — Date of onset 12-1-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Bernard Jr. M. D.

(Address) Med-Arts. Bald.

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 12004 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12004

CERTIFICATE OF DEATH

49-a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward 1-2)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Lifelong~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Meyla Ambach

(a) Residence: No. 5 Stafford Court, City St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Bragen

14. BIRTHPLACE (city or town) (State or country) Alexandria Va.

MOTHER

15. MAIDEN NAME Elma Friedenwald

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs M. Ambach
(Address) 3810 Glen Ave

18. BURIAL, CREMATION, REMOVAL
London Park Cem. Dec. 21 1937

19. UNDERTAKER David Londheim & Son
(Address) 1902 Eutaw Place

20. FILED DEC 7 1937 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1937 to Dec 20 1937

I last saw her alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 12:04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right ovary with metastases throughout abdomen	Aug. '37
Intestinal obstruction due to neoplasm	Nov '37
Hypertension & arteriosclerosis	?

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 3 1937

For what disease or injury? Intestinal obstruction from

Name of operation Exploratory Lap. w/ long. & trans. colostomy Location

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

N. B.—WRITE LEGIBLY. All questions should be carefully answered. If unknown, so state. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

42005

HEALTH DEPARTMENT—CITY OF BALTIMORE

42005

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Apts (St.) 12-26 (Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Blair

(a) Residence: No. Hopkins Apts St Paul 31 St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archie Blair

6. DATE OF BIRTH (month, day, year) Aug 21 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati O.

FATHER

13. NAME Geo Frankamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Geo Galloway
(Address) Hopkins Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Cincinnati Ohio Date Dec 21 1937

19. UNDERTAKER John Ulrich
(Address) 2001 Allens

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Dec. 20 1937

I last saw her alive on Dec 20 1937. Death is said to have occurred on the date stated above, at 9 yrs a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	Jan 1936
Other contributory causes of importance:	
Uremia	Dec 13, 1937

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas W Edwards M. D.

(Address) 2746 Alameda Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK. All items should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 21 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42006

CERTIFICATE OF DEATH

107-a F 42006

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Madison ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reginald J Madden

(a) Residence: No. 719 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Madden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret O'Madden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Madden.
(Address) 719 Madison ave.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Cem Date 12/21 1937

19. UNDERTAKER Frances A Hensley
(Address) 57 E. Biddle St

20. FILED DEC 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Acute	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hamilton Lawrence M. D.
Coroner

(Address) 12 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

12007

HEALTH DEPARTMENT—CITY OF BALTIMORE

12007

CERTIFICATE OF DEATH

V 94-B

16-4

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1822 W. Lafayette Ave Ward)

Length of residence in city or town where death occurred 43 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T. Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 1822 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred P. Mitchell

6. DATE OF BIRTH (month, day, year) Dec 17, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator C-78

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George T. Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary J. Mc Ilvane

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mildred P. Mitchell
(Address) 1822 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/ 23/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED DEC 21 1937 19 Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 20 / 1937

22. I HEREBY CERTIFY, That I attended deceased from December 19th 1937 to December 20 1937

I last saw h.i.m alive on December 20 1937. Death is said to have occurred on the date stated above, at 2.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronar Occlusion	Dec 20

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Philip D. Lynn M. D.

(Address) 1455 E. North Ave

N. B.—WRITE PLAINLY, with UNFADING INK. All items must be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28170--CM

F 12008

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 mo yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Thompsom (Tmpson)

If U. S. Veteran specify WAR

(a) Residence: No. 411 N. Bond St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-21-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	XXX	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Joe.

14. BIRTHPLACE (city or town) S. C.
(State or country)

MOTHER

15. MAIDEN NAME Mattie Brown

16. BIRTHPLACE (city or town) S. C.
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 12/2/37

19. UNDERTAKER Roland Funeral Home
(Address) 1515 Mersedes Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/10/, 1937 to 12/19/, 1937.

I last saw him alive on 12-19, 1937. Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Meningitis	?

Other contributory causes of importance:

Influenza Broncho-Pneumonia

Bilateral otitis media

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bacteriology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Earl Kaden, M. D.

(Address) Balto City Hospitals

N. B.—Blanks must be filled with information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42003

CERTIFICATE OF DEATH

23

F 42003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Celia Bressler

If U. S. Veteran specify WAR

(a) Residence: No. 2523 Quantico Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Bressler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dave Bressler

(Address) 2523 Quantico Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Cem. Date 12-24- 37

19. UNDERTAKER Shar Levin Inc

(Address) 1439 E. Baltimore St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20 1937

22. I HEREBY CERTIFY, That I attended deceased from Adm to hosp 10/10 1937 to 12/20 1937

I last saw her alive on 12/20 1937 Death is said to have occurred on the date stated above, at 1635 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Abscess	
Septicemia	
Cardiac Failure	
Other contributory causes of importance: Tuberculosis	over

Was an operation performed? Yes Date of 12/4/37

For what disease or injury? Retroperitoneal abscess

Name of operation Incision & Drainage of abscess

What test confirmed diagnosis? Oper. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliot A Michelson M. D.

(Address) Sinai Hospital

va s

6

DEC 1937

A. B. ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Bks.

F 42010

F 42010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Wayside ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ennels Elliott

(a) RESIDENCE NO. 405 Wayside ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Elliott

6 DATE OF BIRTH (month, day, and year) 12-27-72

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Old Bay Line

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Eastern Md

PARENTS

10 NAME OF FATHER Ennels Elliott Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Hattie Elliott

(Address) 405 Wayside St

15 Filed DEC 21 1937, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-37

17

I HEREBY CERTIFY, That I attended deceased from 12-14, 1937, to 12-19, 1937

that I last saw him alive on 12-18, 1937

and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) ? Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No -

What test confirmed diagnosis? Clinical

(Signed) Joseph E Brennan M. D.

19 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Memorial Park — DATE OF BURIAL: 12/23 1937

20 UNDERTAKER: Mrs Ida Bailey — ADDRESS: 1921 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

12011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 12011

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hayden Smith (20858)

If U. S. Veteran specify WAR

(a) Residence: No. 1723 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene

6. DATE OF BIRTH (month, day, year) May 22, ~~1877~~ 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63. ~~72~~	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hayden Smith

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 12-22-37

19. UNDERTAKER Mrs. A. Elliott-Daughter
(Address) 1129 N. Caroline St

20. FILED DEC 21 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1937 to December 18, 1937

I last saw him alive on December 18, 1937 Death is said to have occurred on the date stated above, at 8:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Dec. 1936
Other contributory causes of importance: Generalized arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so,

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. Age should be stated in years and fractions of a year. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(G.H.G.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42012

CERTIFICATE OF DEATH

94 F 42012

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 E. Hoffman St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Carey Gill

(a) Residence: No. 1200 E. Hoffman St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Gill

6. DATE OF BIRTH (month, day, year) March 15 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rodman Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Gill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha McCormas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Anna M. Gill

(Address) 1200 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Place Rummel's Cem. Date Dec 23 1937

19. UNDERTAKER Henry Meyer Sons, Inc

(Address) 1301 E Eager St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schemper, M. D. Coroner

(Address) 1919 E. North Ave.

V. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

F 12013

12013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 s.Ellwood Ave. St., 1-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Regina Gaff

(a) Residence: No. 401 S.Ellwood Ave. St., 1 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Gaff,

6. DATE OF BIRTH (month, day, year) Feb.22 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Morgan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jennie Conkling

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Gaff (husband)
(Address) 401 S.Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec.22. 1937

19. UNDERTAKER Lilley & Reiley, INC.
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 20 1937

I last saw her alive on Dec 19 1937 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/1/37
Other contributory causes of importance: Encephalitis	12/15/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) ..... 1717 Eutaw Place

X. B.—WRITE PLAINLY. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

12014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42014

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5217 St. Charles Ave. St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruby Lena Sears

If U. S. Veteran specify WAR .....

(a) Residence: No. 5217 St Charles Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 2 - 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catherine Montgomery County

MOTHER FATHER

13. NAME John A Sears

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cordillia Thorn

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT John A Sears

(Address) 5217 St. Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Dec 21 '37

19. UNDERTAKER J. J. Nisbet & Son

(Address) 20 Eutaw Place

20. FILED ..... 19 ..... Registrar

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec - 19 - 1937 to Dec - 19 - 1937

I last saw her alive on Dec 14 1937. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
Edema of larynx. Convulsions	
Terminal toxic illness	
of measles type.	
Other contributory causes of importance:	
None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles Cole M. D.

(Address) 2707 Greenmount Ave

Information should be carefully supplied. AGE should be stated EXACTLY. If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12015

HEALTH DEPARTMENT—CITY OF BALTIMORE

12015

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Rose St. 6-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nicholas J Kuhns

If U. S. Veteran specify WAR .....

(a) Residence: No. 9 N Rose St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda Kuhns

6. DATE OF BIRTH (month, day, year) Jan 19 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. machinist

10. Date deceased last worked at this occupation (month and year) 12/18/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph J Kuhns

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Caroline Mantz

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Jos J Stenson

(Address) 156 N Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 23 37

19. UNDERTAKER Jos. J. Stenson & Son

(Address) 156 N. Fulton Avenue

20. FILED ..... 19..... Registrar

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Dec 19, 1937

I last saw him alive on Dec 18, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 18 1937
Other contributory causes of importance: —	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L Lemmon M. D.

(Address) 514 Drury Lane

information should be carefully supplied. AGE should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 42016

42016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

1. PLACE OF DEATH Home of the Good Shepherd — Registered No.

CITY OF BALTIMORE: (No. 15 South Mount St. 19-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget Carroll

(a) Residence: No. 15 South Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Fally

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of the Good Shepherd
(Address) 15 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/22/37 19

19. UNDERTAKER John F. Fahey & Son
(Address) 1318 Light St.

20. FILED DEC 1937 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Dec 20 1937

I last saw her alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis & Mitral Regurgitation	5 yrs.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Fred Straus M. D.

(Address) 1800 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 1937

12017 ✓ 12017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Grindon ave. North St., Hamilton ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles M. Wolf

(a) Residence: No. Grindon ave north St., Hamilton ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick A. Wolf

6. DATE OF BIRTH (month, day, year) Feb. 6th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Michael Wolf

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs Christian Stromp

(Address) Grindon ave. Hamilton

18. BURIAL, CREMATION, OR REMOVAL Jerusalem Cemetery Dec. 22 37

19. UNDERTAKER Frederick Woodstock Sons

(Address) 5401 Belair Road

20. FILED 19 Registrar.

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Dec 18 1937

I last saw h alive on Dec 18 1937. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	9/1/36
Other contributory causes of importance: Dilatation of Heart	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Mayo Jr M. D.

(Address) 1500 E 33rd St.

information should be carefully supplied. Also, should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

12018 F 42018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 26-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alphonse Berinski (28654)

If U. S. Veteran specify WAR

(a) Residence: No. No Home St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) Dec. 1, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME lillion (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 23rd 1937

19. UNDERTAKER George A. Weber

(Address) 766 E. 20th St.

20. FILED ... 19... Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1937 to December 19 1937

I last saw him alive on December 20, 1937 Death is said to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct. 1937.

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so OCCUPATION is very important. See instructions on back of certificate.

42019

HEALTH DEPARTMENT—CITY OF BALTIMORE

42019

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Warren Ave St., 24-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Elmo Kibler

If U. S. Veteran specify WAR

(a) Residence: No. 307 Warren Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Lee Kibler

6. DATE OF BIRTH (month, day, year) May 23 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Norfolk & Western

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hopemills Va

FATHER

13. NAME Frank J. Kibler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Comer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Dora L Kibler

(Address) 307 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

United Brethren Cemetery

Place Shenandoah Va via B&O RR Date Dec 22 1937

19. UNDERTAKER John F. Dennis

(Address) 715 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Dec 20 1937

Last saw h... alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung (primary) — Date of onset June 1937

Other contributory causes of importance: Cachexia — Date of onset Nov 1937

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Muller M. D.

(Address) 1226 N. Charles St

INFORMATION should be given by person best acquainted with facts. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 21 1937

✓ F 42020

42020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph's Hospital St., 9-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Evelyn Lantz

(a) Residence: No. 1523 Friendship St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14-1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Brooklyn N. Y.
(State or country)

FATHER

13. NAME Harry B. Glantz

14. BIRTHPLACE (City or town) Brooklyn. N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Helen Macalawski

16. BIRTHPLACE (City or town) Warsaw, Poland
(State or country)

17. INFORMANT Harry B. Glantz
(Address) 1523 Friendship St.

18. BURIAL, CREMATION, OR REMOVAL Middle Village N.Y. Date 12/24 1937

19. UNDERTAKER Chas H. Greenstein
(Address) 115 West Royal ave

20. FILED ... 19 ... Registrar.

17

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Injury (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd & 3rd degree burns of body.	

Other contributory causes of importance:
Shock, toxemia

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/20 1937
Where did injury occur? 1523 Friendship St. Balto, Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Was playing with matches & clothes caught on fire
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Schenker M. D.
Coroner
(Address) 1912 E. North ave.

DEC 1937

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

12021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12021

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Pleitner

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 N Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas F Pleitner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Deitmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas J. Pleitner (Address) 1230 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md Date Dec 13 37

19. UNDERTAKER Chas F. Grace & Son (Address) 118 W. Mt. Royal Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1937, to 12-19 1937

I last saw h...m alive on 12-19 1937 Death is said to have occurred on the date stated above, at 3 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	Dec 1937
Congestive heart failure	Dec 1937
Other contributory causes of importance:	
Bronchopneumonia	Dec 1937
Primary Ca of Larynx, Primary Malignancy of Kidney ?	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley J Keitz M. D.

(Address) Church Home & Inf

Information should be given by person best acquainted with facts. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3: 1937

M. D. B 1268-9

Dr Evans 612 N 40th St

12022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B 12022

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Bretton Place) (Ward) 1 Waldford

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME A Gertrude Schanze

(a) Residence: No. 411 Bretton Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Schanze

6. DATE OF BIRTH (month, day, year) Dec 28 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Christian Science

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard List

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kelly

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Charles Schanze

(Address) 411 Bretton Place

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Dec 22 1936

19. UNDERTAKER Frank Cook & Sons

(Address) 1001 W. North Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Personal Knowledge, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12/20/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N Evans, M. D.
Coroner

(Address) Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

12023 HEALTH DEPARTMENT—CITY OF BALTIMORE 12023

CERTIFICATE OF DEATH 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Riggs ave St. 16-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Rathacher

(a) Residence: No. 2707 Riggs ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Henry Rathacher

6. DATE OF BIRTH (month, day, year) Feb 14 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Dannigel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Ida A Schumacher 1232 Hanover st.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Dec 22-22 1937

19. UNDERTAKER (Address) Marsh Funeral Home 1200 W. Baltimore St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 . 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 12 19 . 1937.

Where did injury occur? 2707 Riggs ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury asphyxiating, kitchen stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O Kaufmann Coroner . M. D.

(Address) 1216 Hanover

DEC 21 1937

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. Prefix to name state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vogel

✓ F 42024

F 42024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days 21	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date .....

19. UNDERTAKER: Harry A. Pritzker
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937 to Dec 20, 1937

I last saw him alive on Dec 19, 1937. Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Other contributory causes of importance: generalized arteriosclerosis	unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Rocemin, M. D.

(Address) 206 S. Gilmor St

DEC 21 1937

information should be carefully supplied. Age should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Kuhl

12025

HEALTH DEPARTMENT—CITY OF BALTIMORE

12025

95-B

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 19-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL ..... 19...
Place Date

19. UNDERTAKER Harry H. Weitzel
(Address)

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to 12-20-1937

I last saw him alive on 12-19-1937 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage due primarily to hypertensive cardiovascular disease

Date of onset Feb. 1934

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Morris B. Schreiter M. D.

(Address) 54 S Fulton Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 1937

F 42026

42026 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 E. De Soto Rd St., 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kunegunda A. Luber

If U.S. Veteran specify WAR

(a) Residence: No. 1502 E. De Soto Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John George Luber

6. DATE OF BIRTH (month, day, year) May 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 10 32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John A. Karg

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Bandt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louis C. Luber

(Address) 1502 E. De Soto Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/22 1937

19. UNDERTAKER: Nelson Corby

(Address) 1218 E. Fayette St

20. FILED DEC 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937 to Dec 19 1937

I last saw her alive on Dec 18 1937. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis Chr Replastica — Date of onset
Arteriosclerosis Cerebri
Lues Syphilis Centralis
Arteriosclerosis

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert C. Ketcham M. D.

(Address) 351 Wilton ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12027 V F 12027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29179 136-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Curran

If U. S. Veteran specify WAR Ref Record

(a) Residence: No. 1310 Aisquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Curran

6. DATE OF BIRTH (month, day, year) 1/17/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 606

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) 12/10/37

11. Total time (years) spent in this occupation 6yr

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Curran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Harrison

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Sepulchre Date 12/23 1937

19. UNDERTAKER: Wilbur Cook (Address) 1217 E Oliver St

20. FILED ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1937 to 12-19 1937

I last saw him alive on 12-19 1937. Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Obstruction	Unknown
Urinary Extravasation	3 days
Uremia	2 days

Other contributory causes of importance: Nil

Was an operation performed? yes Date of 12-18-37

For what disease or injury? Urinary Extravasation

Name of operation Supra Pubic cystotomy

What test confirmed diagnosis? Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodard Jr. M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. Age must be stated in every case. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

DEC 1937 Washington Wire Works

6 17

42028

HEALTH DEPARTMENT—CITY OF BALTIMORE

42028

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-1 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR to Record

2. FULL NAME Sam J. Morris

(a) Residence: No. 14 E. Hill St., Balto., Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Luffy Morris

6. DATE OF BIRTH (month, day, year) Sept. 18, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 12-6-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co., Va.

FATHER

13. NAME Sam J. Morris

14. BIRTHPLACE (city or town) (State or country) Middlesex Co., Va.

MOTHER

15. MAIDEN NAME Rachael Hurley

16. BIRTHPLACE (city or town) (State or country) Middlesex Co., Va.

17. INFORMANT Records - U.S. Marine Hospital,

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Cattaville, Middlesex Co 12/22 37

19. UNDERTAKER Wilson Good

(Address) 1217 E. Pratt St

20. FILED ..... 19 ..... Registrar .....

DEC 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937, to December 19, 1937

I last saw him alive on December 19, 1937 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, mediastinum, metastatic,	
source undetermined	Nov. 1936
Cancer, pericardium, metastatic,	
source undetermined	"
Other contributory causes of importance:	
Heart disease, stenosis, aortic	unknown
Abscesses, lung, rt. multiple	Nov. 1936

Was an operation performed? Yes Date of 12-13-37

For what disease or injury? Abscesses, rt. lung

Name of operation Injection of lipiodol

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLM/g

H

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Edgewood St. St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Shubrigel → If U. S. Veteran specify WAR

(a) Residence: No. 611 Edgewood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy M. Fortune

6. DATE OF BIRTH (month, day, year) Oct. 14, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

FATHER

13. NAME William Shubrigel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lucy M. Fortune
(Address) 611 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19 ...

19. UNDERTAKER Richard J. Sawyer
(Address) 1620 Ashburton Blvd

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1937 to Dec 20 1937

I last saw h in alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 mo.
Other contributory causes of importance: Cardiac Vomiting and acute dilatation of the heart	1 day

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elo Townsend M. D.

(Address) 80 Fulton Ave

Information should be carefully supplied. Any omission, or error may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

DEC 2 1937

F 42030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH South Balto. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No.) St., 70-V Ward)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Dellad Crossont
(a) Residence: No. 2346 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis E. Crossont
6. DATE OF BIRTH (month, day, year): July 29, 1915
7. AGE: Years 22; Months 4; Days 21; If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchboard Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. & P. Telephone Co.
10. Date deceased last worked at this occupation (month and year): Nov. 1937
11. Total time (~~many~~) spent in this occupation: 6 mos.

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER
13. NAME: Charles E. Felk
14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

MOTHER
15. MAIDEN NAME: Mary Dove
16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

17. INFORMANT (Address): Louis E. Crossont (Husband) 181 W. Oversea St.
18. BURIAL, CREMATION, OR REMOVAL. Date: Dec 23 37
Place: Baltimore Memorial Estates
19. UNDERTAKER (Address): G. & D. S. Chambers
20. FILED: 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-20-1937
22. I HEREBY CERTIFY, That I attended deceased from 12-13 1937 to 12-20 1937
I last saw her alive on 12-20 1937. Death is said to have occurred on the date stated above, at 7 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia, probably tuberculous in origin	2

(Other contributory causes of importance:)

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? X-Ray Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Louis J. Kelly M. D.
(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 1937

(Roberge) V F 12031

12031 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2736 Reisterstown Rd St., 5-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

-2. FULL NAME William Esther Roberge

U. S. Veteran

specify WAR

(a) Residence: No. 2736 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Diana Roberge

6. DATE OF BIRTH (month, day, year) March 4 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superintendent.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Lake Linden

FATHER

13. NAME Esdras Roberge

14. BIRTHPLACE (city or town) (State or country) Fayette Michigan

MOTHER

15. MAIDEN NAME Aurelia Corbette

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Florence Roberge

(Address) 2736 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Newark N. J. Date 12-22 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Tuberculosis

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Carter Coroner M. D.

(Address) 1216 Hanover St

information should be carefully supplied. AGE should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

11

Concetto Tartaglia

F 42032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42032

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 115 N. High St. 5-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Concetto Tartaglia

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 N. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of- Anna Tartaglia

6. DATE OF BIRTH (month, day, year) December 6, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Yard

10. Date deceased last worked at this occupation (month and year) 12-15-37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Tartaglia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Maria Giardina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Matarazzo
(Address) 103 John St Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cemetery Date Dec 24. 1937

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to Dec. 21, 1937.

I last saw h[illegible] alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 1:0 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Meningitis — Date of onset 12-(19)

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

Information called for on both sides of this form is necessary. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 2 1937

V B 3

F 12033

F 12033 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at St Agnes Hospital 194-a

County Baltimore Registration Dist. No

Village or City Catonsville No. 636 Plymouth St. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Standiford If U. S. Veteran, specify WAR

(a) Residence No. 851 North Bend Road St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie L. Sewell

6. DATE OF BIRTH (month, day, and year) September 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter (

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) December 1957

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Harford County (State or country) Maryland

FATHER

13. NAME William C. Standiford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Knight

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Minnie L. Standiford (Address) 851 North Bend Road, Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Dec. 18, 1957

19. UNDERTAKER Joseph M. Roop (Address) 1012 E. Baltimore St.

20. FILED DEC 20 1957 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 15 (Month) (Day) 1957 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1957 to Dec 15 1957

I last saw him alive on , 19 , death is said to have occurred on the date stated above, at 3:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

(a) Coronary Thrombosis

(b)

(c)

Other Contributory Causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 5508 Edmondson Ave.

If more than one cause is entered, see State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DEC 20 1957

mation should be carefully supplied. Any unknown or doubtful answer should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

F 12034 F 12034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 94-B

Registered No. 8-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob W. Dillmann

U. S. Veteran (Yes or No) specify WAR no

(a) Residence: No. 1517-E. Lanvale Street, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary W. (Dwyer)

6. DATE OF BIRTH (month, day, year): 11/3/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: PRR. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Jacob Dillmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rose ?

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. Mary W. Dillmann

(Address) 1517-E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Dec 22/37

19. UNDERTAKER George C. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED DEC 22 1937 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Personal, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1912 E. North Ave.

S. E.—WRITE PLAINLY, with ink. All items must be supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12035 CERTIFICATE OF DEATH ✓ 108 F 12035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W 2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Stevenson If U. S. Veteran specify WAR

(a) Residence: No. 619 Saratoga (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Stevenson

6. DATE OF BIRTH (month, day, year) May 3, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wharves

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME John Stevenson

14. BIRTHPLACE (city or town) (State or country) Jacksonville, Florida

MOTHER

15. MAIDEN NAME Rosie (?)

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Elizabeth Stevenson (Address) 619 W. Saratoga st

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 12/24 37

19. UNDERTAKER Wm. C. Jackson (Address) 418 Reman

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 19 37 to Dec. 21, 19 37

I last saw him alive on Dec. 21, 19 37 Death is said to have occurred on the date stated above, at 12:36 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec. 11
Pulmonary edema	Dec. 19

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Rimbey M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42036

CERTIFICATE OF DEATH

V 162 F 42036

1 PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3202 Milford Ave 28-2 WARD)

2 FULL NAME Robert Benjamin Jones

(a) RESIDENCE NO. 3202 (Usual place of abode) ST. Milford Ave WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Jones

6 DATE OF BIRTH (month, day, and year) April 16, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Branch Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Penna. Indemnity Corp

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Thomaston, Ga.

PARENTS

10 NAME OF FATHER Claiborne H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Elizabeth Grigsby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Mrs. Margaret A. Jones

(Address) 3202 Milford Ave.

15 Filed DEC 27 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1937

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1937, to Dec. 21" 1937

that I last saw him alive on Dec. 21" 1937

and that death occurred, on the date stated above, at 10.45 a m.

The CAUSE OF DEATH* was as follows:

The infirmities of old age.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Was at place of death.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? General failure

(Signed) C. H. Hoffman M. D.

19 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Dec 22 1937

20 UNDERTAKER Wm J. Tickner & Son

ADDRESS Nat Pa

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42037 ✓47-B F 42037

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Halcyon Ave St.; 2-7-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Walsh

(a) Residence: No. 2611 Halcyon Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Ella Clark Walsh

6. DATE OF BIRTH (month, day, year): May 15 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year): Dec

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Reading Pa

MOTHER FATHER

13. NAME: James Walsh

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Louisa White

16. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

17. INFORMANT: Mrs Ella C. Walsh
(Address): 2611 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: Dec. 23 37

19. UNDERTAKER: Wm. J. Keyser Sons
(Address): North & Pa Aves.

20. Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1937 to Dec 20 1937

I last saw him alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Lung — Date of onset 9/7/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fritz J. Hinman M. D.

(Address) 2700 Howard Park

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12038

CERTIFICATE OF DEATH

108 F 12038

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Mt Holly St., 15-9 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William T. Vernon

(a) Residence: No. 2122 Mt Holly St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia A. Vernon

6. DATE OF BIRTH (month, day, year) Sept. 17, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Newsprint

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marcus Hook. Pa.

FATHER

13. NAME Geo. W. Vernon

14. BIRTHPLACE (city or town) (State or country) Claremont. Del

MOTHER

15. MAIDEN NAME Hannie Howard

16. BIRTHPLACE (city or town) (State or country) Marcus Hook Pa

17. INFORMANT Mrs. Virginia A. Vernon
(Address) 2122 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 23 37

19. UNDERTAKER Wm Tracy Redmond.
(Address) North & Pennsylvania Ave

20. FILED DEC 22 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937 to Dec 20, 1937

I last saw h/M. alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Type I & 2	Dec 17/37
Other contributory causes of importance: Lobar pneumonia	Dec 17. 37

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Physical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Dallas Dubas M. D.

(Address) 2320 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12039 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12039

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4222 Parkmont Ave. St., 26-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Malkus

If U. S. Veteran specify WAR .....

(a) Residence: No. 4222 Parkmont Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kleylein

6. DATE OF BIRTH (month, day, year) 9/19/[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83 yrs.	3 mo.	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Hesse Domstadt Germany

FATHER

13. NAME Malkus

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Krach

(Address) 4220 Parkmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Dec. 23, 19 37

19. UNDERTAKER Fredk. Lansdale & Son

(Address) 7 E. Saratoga St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 19 37 to Dec. 20, 19 37

I last saw him alive on December 20, 19 37. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemmorrhage	Dec. 18
Other contributory causes of importance:	
Arterio-sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson, M. D.

(Address) 5712 Bel Air Rd.

V63

DEC ... 1937

12

Instructions: Fill in all items, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 F 12040

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen W. Johns

If U. S. Veteran specify WAR .....

(a) Residence: No. Milford St., Pa. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/30/25

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME H. W. Johns

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elsie Van Order

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Johns Hopkins Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moscow Pa. Date Dec. 24 1937

19. UNDERTAKER Thos Critchell Jones (Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937 to Dec 22, 1937.

I last saw her alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor – Malignant	
Other contributory causes of importance: None	

Was an operation performed? Yes Date of Dec 21, 1937

For what disease or injury? Brain Tumor

Name of operation Left Craniotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Hutton III M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12041

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 557 Bloom St. Ward 14-3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Enoch Mason

If U. S. Veteran specify WAR

(a) Residence: No. 557 Bloom St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Mason

6. DATE OF BIRTH (month, day, year) April 23 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year) 12-12-37

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Samuel Mason

14. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER

15. MAIDEN NAME Rebecca Saunders

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Mrs. Nellie Mason

(Address) 557 Bloom St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Park Dec. 22-37

19. UNDERTAKER Mrs. George N. Holland

(Address) 1631 Druid Hill Ave.

20. FILED ..... 19.... Registrar.

DEC 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1937, to 12/16, 1937

I last saw h... alive on 12/16, 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	
2.	
3.	
4.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Blue Cuello M. D.

(Address) 2 E. 23 St.

INSTRUCTIONS: Fill in all items. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

338346

HEALTH DEPARTMENT—CITY OF BALTIMORE

12042

CERTIFICATE OF DEATH

7-1 ✓ 51-a 12042

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Robert Sadler

If U. S. Veteran specify War No Record

(a) Residence: No. 505 N. Ellwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	~~White~~ Black	Widowed

5a. If married, ~~wife of~~ HUSBAND of ~~husband of~~ Sarah E. Sadler

6. DATE OF BIRTH (month, day, year) 7-23-60

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building

10. Date deceased last worked at this occupation (month and year) 12/3/37

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Mathews Co Va

FATHER

13. NAME Thomas Sadler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Dec 28th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec 20, 1937

I last saw him alive on Dec 20, 1937 Death is said to have occurred on the date stated above, at 9.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Ca of Right Pelvis Metastasis	
Myocardial Failure & Pulmonary Edema	Dec 17
Cachexia	Dec 17

Other contributory causes of importance:

Urinary tract infection

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Carl E Burkland

(Signed) ~~C. Carl Burkland~~ M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12043 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 22-2178 F 12043

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sadie A. Pinnell

(a) Residence: No. 204 S. Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. H. Pinnell

6. DATE OF BIRTH (month, day, year) Feb. 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Sales Lady

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis A. Gernest

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jennie Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Florence Gernest
(Address) 4710 Sonly Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poison	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury, 19 37

Where did injury occur? 208 S. Eutaw
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas Water Heater in Bath Room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Allen M. D.

(Address) 2257 N. Charles

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 12044

CERTIFICATE OF DEATH

F 12044
Registered No.

1. PLACE OF DEATH Union Memorial Hospital 210-W
CITY OF BALTIMORE: (No. [illegible] St. 15-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philemon Harry Merritt Jr
If U. S. Veteran specify WAR

(a) Residence: No. 2826 Pinkney St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27 - 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/18/37

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Philemon H. Merritt Sr.
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Sally A Norris
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm A Merritt Jr
(Address) 2826 Pinkney St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/23/37

19. UNDERTAKER Waxman Bros
(Address) 1217 St Paul St

20. FILED [illegible] 19[illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull	12/19
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/20-37
For what disease, condition or injury was operation performed? Depressed skull fracture.
Name of operation Craniotomy Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/19/37
Where did injury occur? On Belair Road Auto
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury
Nature of injury Auto overturned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert J Gurley Auto M. D.
Coroner
(Address) 907 E. Lexington

Information should be carefully typed. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 12045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12045

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 E. Hill St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard F. O'Hara

If U.S. Veteran specify WAR No Record

(a) Residence: No. 43 E. Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~ Edna O'Hara

6. DATE OF BIRTH (month, day, year) Aug 6th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME James O'Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Gargan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Elizabeth Bower 10 E. Hamburg st

18. BURIAL, CREMATION, OR REMOVAL Holy Cross a.a. Co. Date Dec 23rd 1937

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul st

20. FILED ~~DEC 22 1937~~ 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1937 to Dec. 20, 1937

I last saw him alive on Dec. 20. 1937 Death is said to have occurred on the date stated above, at 8:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance:

- - - -

Was an operation performed? no Date of - - -

For what disease or injury? - - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Henry Deiker M. D.

(Signature)

1224-1226 Hanover St.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Early attention to OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42046

CERTIFICATE OF DEATH

1708 F 42046

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Smith Jr.

(a) Residence: No. 1036 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be complete. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hazel Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hazel Smith

(Address) 1036 W. Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Dec 22, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St

20. FILED Dec 22 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Ogden M. D.
Coroner

(Address) 2757 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12047 — CERTIFICATE OF DEATH — 47-B F 12047

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 N. Smallwood St., 15-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilmer Brenton Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 2137 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lilly May Jones

6. DATE OF BIRTH (month, day, year) Dec. 16- 1885-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. Service Co?

10. Date deceased last worked at this occupation (month and year) Dec 5-1937

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Victor L Jones

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Edith L. Barnes

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Clarence L. Jones
(Address) 3032 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 12-23-37

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED DEC 22 1937, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937 to Dec. 20, 1937

I last saw him alive on Dec. 20, 1937 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung and Metastases	Feb 1937
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray-physical + Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jane Brown M. D.

(Address) 1663 N. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

12048 F 12048

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 W. Eden St. St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 1020 W. Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eva Taylor.

6. DATE OF BIRTH (month, day, year) Nov. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Eva Taylor.
(Address) 1020 W. Eden St.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park Dec. 23 37

19. UNDERTAKER Robert F. Conway
(Address) 804 W. Sterling St

20. FILED , 19 Registrar.

DEC 21 1937 Registrar of Vital Statistics, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 1-13-, 1936, to 12-20-, 1937.

I last saw h~~im~~ alive on 12-20-, 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung.	Unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. H. Garzia, M. D.

(Address) 611-N. Eden

State CAUSE OF DEATH in plain terms so that a layman can understand it. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 42049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42049

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Laurens St., Ward 14-3)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Everett E. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 515 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs Catherine Jones

6. DATE OF BIRTH (month, day, year): May 20 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tobacco Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Petersburg Va

FATHER

13. NAME: Cornelius Jones
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lucy Bland
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Catherine Jones
(Address) 515 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Auburn Cem Date 12-23 19 37

19. UNDERTAKER: George W. Gibson
(Address) 1735 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22 19 to 12-20 19

I last saw h alive on 12/20 19 Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Everett Smith, M. D.

(Address) 515 Laurens St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

M. D. B. 1268-9

F 42050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42050

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Fait Ave St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? 55 yrs. ...mos. ...ds.

2. FULL NAME Maryanna Stefankiewicz-(Plucinski)

(a) Residence: No. 2421 Fait Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) About 1866 ?

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Measo

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Maryanna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Theresa Kedzierski

(Address) 2421 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS CEM. Date Dec 24th 1937

19. UNDERTAKER George A. Weber

(Address) 709 E Lanvale St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1937 to Dec. 22 1937

I last saw her alive on Dec 21 1937 Death is said to have occurred on the date stated above, at 6 30 m.
9

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk
Other contributory causes of importance:	
Hypertension	6 mo

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chas Greer, M. D.

(Address) 408 S Pat Park ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 42051

42051 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S Durham St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Frances Zoran

If U. S. Veteran specify WAR .....

(a) Residence: No. 505 S Durham St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) about 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Sebastian Bryzlewski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Rozniecki

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Mary Kocent

(Address) 2501 Fait ave.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date Dec 24, 1937

19. UNDERTAKER George A Weber

(Address) 705 E Lanvale st

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1937 to Dec 21, 1937

I last saw her alive on Dec 21, 1937 Death is said to have occurred on the date stated above, at 3 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chronic Bronchitis	
Myocardial failure	12-1-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab & Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ed Schenuneck, M. D.

(Address) 842 S. Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V 53

DEC 1937

F 12052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12052

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Regester St. V-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida Rosetta Harding

If U.S. Veteran specify WAR ...

(a) Residence: No. 115 S. Regester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos H Harding

14. BIRTHPLACE (city or town) (State or country) Frnd Co Md

MOTHER

15. MAIDEN NAME Ann E Dorsey

16. BIRTHPLACE (city or town) (State or country) Frnd Co Md

17. INFORMANT Mary E Trister

(Address) 115 S. Regester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/23 1937

19. UNDERTAKER Fulton Co

(Address) 1214 E Fleet St

20. FILED ... 19 ... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1937 to Dec 19 1937

I last saw h alive on Dec 19 1937 Death is said to have occurred on the date stated above, at 5 55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Dec 17
Other contributory causes of importance:	
Arteriosclerosis	Unk
Secondary anemia	"

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Ellis, M. D.

(Address) 24 E Dorsey

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state if any disease contributed to death. Give OCCUPATION in every case. OCCUPATION is very important. See instructions on back of certificate.

42053 HEALTH DEPARTMENT—CITY OF BALTIMORE 42053

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH John Lurman Indep. Registered No.
CITY OF BALTIMORE: (No. Alhambra Apts St. 13-1 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. 2 mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Moses Hecht
(a) Residence: No. Alhambra Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE Florence Koenigsberger Hecht

6. DATE OF BIRTH (month, day, year) 7-26-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re 0045
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Jacob Hecht
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Amelia
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eli Hecht
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 12-23-37

19. UNDERTAKER Jack Kaufman Inc
(Address) 3439 E. Balto St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-37 - 6 A.M.

22. I HEREBY CERTIFY That I attended deceased from Dec 19 37 to Dec 22 19 37
that I saw h[illegible] alive on Dec 22 19 37. Death is said to have occurred on the date stated above, at 6 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Other contributory causes of importance: Nephritis.	1 year own

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lentz M. D.
(Address) Temple Baden apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V. S.

42051

HEALTH DEPARTMENT—CITY OF BALTIMORE

42051

CERTIFICATE OF DEATH

95-B

Registered No. 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4312 Pentenstown St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Morris Brodsky

If U. S. Veteran specify WAR

(a) Residence: No. 4312 Pentenstown St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Fannie

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Mfg

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Daughter

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 12/24/37

19. UNDERTAKER: Jack Lenz Inc

(Address) 1437 E. Baltimore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1937 to Dec 21, 1937

I last saw him alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 1 yr

Arteriosclerosis

Cardiac H & D.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph B. Gross M. D.

(Address) 2404 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 12055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12055

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St., 19-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Henry

(a) Residence: No. 1400 W Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 15, 1855 Dec 27, 1834

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	624	

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Ann Clement

16. BIRTHPLACE (city or town) (State or country) Jamestown

17. INFORMANT Elizabeth J. Lee
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Dec 23 1937

19. UNDERTAKER J. Vernon Reckner
(Address) 2301 Edmondson Ave

20. FILED ..... Registrar

DEC 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6/18/34 . 19 . to 12/21/37 . 19 .

I last saw him alive on 12/20/37 . 19 . Death is said to have occurred on the date stated above, at 4:48 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
Arteriosclerosis generalized.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos E Ford M. D.

(Address) 1115 St. Paul St., City.

State CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

12056 F 12056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. Berry

If U. S. Veteran specify WAR World

(a) Residence: No. 93 N Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) June 12-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6 mo	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Henry Berry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Josephine Bassingeau

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Body Redeemer Dec 24 27
Date

19. UNDERTAKER Stafford J. Featherston INC
(Address) 1000 N. Redwood Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Dec 21, 1937.

I last saw him alive on Dec 21, 1937, Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
	Dec 21

Other contributory causes of importance: none

Was an operation performed? no Date of ...

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Charles H. Stark, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. OCCUPATION is very important. See instructions on back of certificate.

VS 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12057

CERTIFICATE OF DEATH

108 F 12057

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 E. Eager St. 10-1 Ward)

Registered No. 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julius Hespelein

(a) Residence: No. 932 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ the late Catherine Hespelein

6. DATE OF BIRTH (month, day, year) October 5 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Valentine Hespelein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Scheppers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister Vida O.S.F.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Cem. Date Dec. 24 1937

19. UNDERTAKER Henry Foard Sons, Inc.

(Address) 20, E. Eager

20. FILED Dec 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1937 to Dec. 21 1937.

I last saw him alive on Dec. 21 1937. Death is said to have occurred on the date stated above, at 12. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Bronchopneumonia	

Other contributory causes of importance

Acute Cardiac Dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What (est confirmed) diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. Littman M. D.

(Address) 1304 E. Chase

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

42058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42058

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 515 S. Ellwood Ave. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Beatin

If U. S. Veteran specify WAR .....

(a) Residence: No. 515 S. Ellwood Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Beatin

6. DATE OF BIRTH (month, day, year) May 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Anthony Fratis

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Annie M. Hopkins

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Rainer (Daughter)
(Address) 515 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Dec. 24, 1937

19. UNDERTAKER George W. Zirkle
(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Myocarditis	Unknown
Other contributory causes of importance:	
Acute Myocardial Failure	12/15/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip Ant Antignani M. D.

(Address) 2942 E. Fayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether or not OCCUPATION is very important. See instructions on back of certificate.

Va 3

Dec 24 1937 Interment Private Lot

12059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 12059

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4801 Holobird Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Michael Manning.

(a) Residence: No. 4801 Holobird Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Madaline Manning

6. DATE OF BIRTH (month, day, year): Nov. 16 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pres Elevator Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: No 3

10. Date deceased last worked at this occupation (month and year): 1 Yr

11. Total time (years) spent in this occupation: 1 Yr

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Manning

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Marie Stahmer (Address) 4801 Holobird Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Dec 23rd 1937

19. UNDERTAKER: Lilly & Zader Inc (Address) 423 So Wolfe St

20. FILED DEC 22 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 AM 1937 to Dec 20th PM 1937

I last saw h[illegible] alive on Dec 20th 1937. Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Todd M. D.

(Address) 4616 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state whether OCCUPATION is very important. See instructions on back of certificate.

12060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12060

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 22-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emma Teague

If U. S. Veteran specify WAR

(a) Residence: No. 5401 Maple Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Teague

6. DATE OF BIRTH (month, day, year) June 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N/A

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Eichelberger

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Hampstead Maryland

17. INFORMANT Mrs. Elsie Leisher

(Address) Maplewood Ave., Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Cem. Date Dec. 25 1937

19. UNDERTAKER Joseph McCook

(Address) 1003 N. Baltimore St.

20. FILED ... 19... Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1937 to 12-20, 1937

I last saw h.r alive on 12-20, 1937 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular renal disease	
& auricular fibrillation	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. Sheppard M. D.

(Address) Md. Gen. Hospital

STATE CAUSE OF DEATH in plain terms. Indefinite answers, such as "Heart Failure," "Paralysis," "Old Age," "Senility," "Infirmity," "Exhaustion," "Convulsions," "Cancer," "Tumor," "Abscess," "Blood Poisoning," "Septicemia," "Pneumonia," "Tuberculosis," "Meningitis," "Hemorrhage," "Fracture," "Burns," "Drowning," "Asphyxiation," "Suffocation," "Shock," "Collapse," "Coma," "Uremia," "Gangrene," "Peritonitis," "Nephritis," "Hepatitis," "Cirrhosis," "Embolism," "Thrombosis," "Aneurism," "Rupture," "Perforation," "Obstruction," "Stricture," "Ulcer," "Carcinoma," "Sarcoma," "Fibroid," "Cyst," "Polyp," "Adenoma," "Papilloma," "Epithelioma," "Lymphoma," "Leukemia," "Anemia," "Dropsy," "Edema," "Ascites," "Hydrothorax," "Hydrocephalus," "Meningocele," "Encephalocele," "Spina Bifida," "Cleft Palate," "Harelip," "Congenital Heart Disease," "Congenital Malformation," "Congenital Deformity," "Congenital Defect," "Congenital Anomaly," "Congenital Abnormality," "Congenital Weakness," "Congenital Debility," "Congenital Infirmity," "Congenital Exhaustion," "Congenital Convulsions," "Congenital Cancer," "Congenital Tumor," "Congenital Abscess," "Congenital Blood Poisoning," "Congenital Septicemia," "Congenital Pneumonia," "Congenital Tuberculosis," "Congenital Meningitis," "Congenital Hemorrhage," "Congenital Fracture," "Congenital Burns," "Congenital Drowning," "Congenital Asphyxiation," "Congenital Suffocation," "Congenital Shock," "Congenital Collapse," "Congenital Coma," "Congenital Uremia," "Congenital Gangrene," "Congenital Peritonitis," "Congenital Nephritis," "Congenital Hepatitis," "Congenital Cirrhosis," "Congenital Embolism," "Congenital Thrombosis," "Congenital Aneurism," "Congenital Rupture," "Congenital Perforation," "Congenital Obstruction," "Congenital Stricture," "Congenital Ulcer," "Congenital Carcinoma," "Congenital Sarcoma," "Congenital Fibroid," "Congenital Cyst," "Congenital Polyp," "Congenital Adenoma," "Congenital Papilloma," "Congenital Epithelioma," "Congenital Lymphoma," "Congenital Leukemia," "Congenital Anemia," "Congenital Dropsy," "Congenital Edema," "Congenital Ascites," "Congenital Hydrothorax," "Congenital Hydrocephalus," "Congenital Meningocele," "Congenital Encephalocele," "Congenital Spina Bifida," "Congenital Cleft Palate," "Congenital

12061 F 12061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

X 41-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl France

If U. S. Veteran specify WAR

(a) Residence: No. Maryland General Hospital Ward. Deals Island Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 22, 1937

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 7 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md General Hospital

FATHER

13. NAME Eldridge Cunell France

14. BIRTHPLACE (city or town) (State or country) Chance, Md.

MOTHER

15. MAIDEN NAME Hattie Jeanette Vetra

16. BIRTHPLACE (city or town) (State or country) Deals Island Maryland

17. INFORMANT Evangeline Price

(Address)

18. BURIAL, CREMATION, OR REMOVAL Deals Island Md 12/22/37

19. UNDERTAKER Guy A. Tawes

(Address) Fairlow Tompkins

20. FILED ... 19 ... Registrar

DEC 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1937 to December 22, 1937.

I last saw her alive on December 22, 1937. Death is said to have occurred on the date stated above, at 10:17 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital absence of anterior abdominal wall.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ivonne P. Klembonski, M. D.

(Address) Md. General Hospital

State cause of death clearly. OCCUPATION is very important. See instructions on back of certificate.

12062 HEALTH DEPARTMENT—CITY OF BALTIMORE 12062

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 2-7-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Peel

If U. S. Veteran specify WAR

(a) Residence: No. 3509 Oakmont Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William J. Peel

6. DATE OF BIRTH (month, day, year) June 4/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penning D.C.

FATHER

13. NAME William Lacy

14. BIRTHPLACE (city or town) (State or country) Tinkhouse

MOTHER

15. MAIDEN NAME Betty Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William J. Peel

(Address) 3509 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Md Date Dec 23, 1937

19. UNDERTAKER Harry R. Limacek

(Address) 4204 Ridgewood Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 21, 1937

I last saw he alive on Dec 21, 1937 Death is said to have occurred on the date stated above, at 7 40/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Serous Meningitis	1 mo?
Terminal Bronchopneumonia	3 days
Other contributory causes of importance: Infectious Arthritis	?

Was an operation performed? Yes Date of Dec 8, 1937

For what disease or injury? Increased intracranial pressure

Name of operation Rt. Sub-Temporal Decompression

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Cushman, M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

C 22 1931

VS 3

12063

HEALTH DEPARTMENT—CITY OF BALTIMORE

12063

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2844 Guilford Ave St. 12-3 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret J. Hitchens

If U. S. Veteran specify WAR

(a) Residence: No. 2844 Guilford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Henry Hitchens

6. DATE OF BIRTH (month, day, year) Aug 5 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME William Fountain

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Irene Jackson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie A. Meakin

(Address) 2844 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec 23, '37

19. UNDERTAKER Harry N. Atmscock

(Address) 4204 Ridgewood Ave

20. FILED ... 19 ... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1925, 19 ... to 12-21, 1937

I last saw her alive on 12-20, 1937 Death is said to have occurred on the date stated above, at 1.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) CEREBRAL ARTERIOSCLEROSIS	1930

Other contributory causes of importance:

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) John L. Torsey, M. D.

(Address) 129 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

12064 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12064

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. 96-4

CITY OF BALTIMORE: (No. 2543 Hollins St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E Holland If U.S. Veteran specify WAR

(a) Residence: No. 2543 Hollins St, St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Holland

6. DATE OF BIRTH (month, day, year) April 26 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundle Co.

FATHER

13. NAME Nathaniel Watts

14. BIRTHPLACE (city or town) (State or country) Anne Arundle Co

MOTHER

15. MAIDEN NAME Annie Day

16. BIRTHPLACE (city or town) (State or country) Anne Arundle Co

17. INFORMANT Willard Watts

(Address) 2543 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Melvile M. E. cemetery Ridgely Md Date Dec 23, 1937

19. UNDERTAKER E. Levy Stiffler Son

(Address) 125 E. North ave

20. FILED Dec 24 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to 12/21/37, 19

I last saw her alive on 12/21, 1937. Death is said to have occurred on the date stated above, at 3 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Mitral Stenosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel S. Shanahan M. D.

(Address) 1945 W. Balto. St

OCCUPATION is very important. See instructions on back of certificate.

42065 ✓ F 42065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4421 Findlay Ave St., 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Steve Salvatore Fazzio

If U.S. Veteran specify WAR

(a) Residence: No. 4421 Findlay Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Fazzio

6. DATE OF BIRTH (month, day, year) Jan 1, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0115

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Charles Fazzio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Alicia ? ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anna Zimnitzky
(Address) 4421 Findlay Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 23 37

19. UNDERTAKER Albert M Dungan
(Address) 440 E North Ave

20. FILED DEC 22 1937 Huntington Williams M.D. Registrar

C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 37, 19 to Dec 20, 37

I last saw him alive on Dec 7 1937 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset Dec 7

Other contributory causes of importance: Acute Myocardial Insufficiency

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick Reynolds M. D.

(Address) 1003 N Patterson Park Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

✓ F 42066

42066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 N. Rogers ST. 28-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Seymour Blair Harper

(a) RESIDENCE NO. 4102 N. Rogers ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? 8 yrs. ~~—~~ mos. ~~—~~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ or) WIFE of: Sally Davis Harper

6 DATE OF BIRTH (month, day, and year): Feb. 11th 1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired. Automobile

(b) General nature of industry, business, or establishment in which employed (or employer): Garage owner

(c) Name of employer: Self.

9 BIRTHPLACE (City or town) (State or country): Harpers West Virginia

PARENTS

10 NAME OF FATHER: Jacob C. Harper.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Randolph Co. West Va.

12 MAIDEN NAME OF MOTHER: Sarah Ann Arnold

13 BIRTHPLACE OF MOTHER (City or town) (State or country): West Virginia

14 Informant (Address): Brooke Parker. 4102 N. Rogers St.

15 Filed DEC 2, 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 21st 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936, to Dec. 21st, 1937, that I last saw h/m alive on Dec. 20th, 1937, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH was as follows:

Myocarditis Purpuralis Embolism Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis (arteriosclerotic)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings.

(Signed) William G. Sinton, M. D.

, 19 (Address) 2624 St Paul St, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: Dec. 23 1937

20 UNDERTAKER: Loring Byers

ADDRESS: 3312 W. Baltimore Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

✓ F 12067

12067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave St. 70 Ward 6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. August C. Schrader.

(a) Residence: No. 135 S. Londen Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Louise A. Schrader

6. DATE OF BIRTH (month, day, year) May 18 - 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward A. Schrader

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jennette Weckesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Beulah B. Schrader

(Address) 135 S. London Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 24. 1937

19. UNDERTAKER George L. Lehnert.

(Address) 2101 Frederick Ave.

20. FILED Dec 24 1937 by Washington Pennington Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) December 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1937 to Dec. 21. 1937

I last saw h/m alive on Dec. 21. 1937 Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia R Lobe Centure.	12-17-37
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Lawrence J. Shumaker M. D.

(Address) St Agnes Hospital

Information should be carefully supplied. Be sure that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

C 1937 D H

12068 ✓ E 12068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 E North Ave St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 423 E North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 9-A-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Walter Peters

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Lester

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Mary Peters 423 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 13, 1937

19. UNDERTAKER John J. Meagher

(Address) 1715 Pa Ave

20. FILED Dec 13 19 37 Wm. [illegible] Registrar

C.E. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1937, to December 20, 1937

I last saw he alive on December, 1937. Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	1922
Other contributory causes of importance: Chronic Bronchitis	1922

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip D. Flynn M. D.

(Address) 423 E North Ave

State CAUSE OF DEATH in plain words, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

12069 ✓ F 12069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mrs. Leo Keene

(a) Residence: No. 3316 Auchentorly Ter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo

6. DATE OF BIRTH (month, day, year) June 3 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr Little

(Address) 938 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cem. Dec 24 1937

19. UNDERTAKER Chas. R. Ahrens

(Address) 2432 Eutaw St.

20. FILED Dec 26 1937 Registrar

C 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1937 to Dec. 22, 1937

I last saw h(M) alive on Dec. 22, 1937. Death is said to have occurred on the date stated above, at 6 57 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C.V. Disease (Decompensated)	5
Myocarditis Arteriosclerosis	
Hypostatic Pneumonia	

Other contributory causes of importance:

Cardiac Decompensation

Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. E. Carbonara, Jr. M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

12070 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12070

CERTIFICATE OF DEATH V 167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Willsby ave St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War World War

2. FULL NAME George E. Patterson

(a) Residence: No. 4017 Willsby Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Patterson

6. DATE OF BIRTH (month, day, year) Nov. 6, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George E. Patterson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Stevens

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Patterson
(Address) 4017 Willsby Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED DEC 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of heart	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 12/19/1937
Where did injury occur? 4017 Willsby Ave. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Shot self in heart with
Nature of injury a rifle.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker M. D.
(Address) 1719 E. North Ave Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 23 1937

12071

HEALTH DEPARTMENT—CITY OF BALTIMORE

12071

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Md. General Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Maria Wheat

If U. S. Veteran specify WAR

(a) Residence: No. 3603 Calloway Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 37

11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Wheat

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Price

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Wheat

(Address) Owings Mills, Md.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olive Cemetery Date Dec 24 1937

19. UNDERTAKER Weer & Son Inc

(Address) Reisterstown Md.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-18-37, 19 ..., to 12-22, 1937

I last saw her alive on 12-22, 1937. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Carcinoma (Malignant) Carcinoma of Left Ovary. Peritonitis (plastic)	
Other contributory causes of importance: Phlebitis of Lower extremities Sinusitis	

Was an operation performed? Yes Date of 10-27-37

For what disease or injury? Carcinoma

Name of operation Radical Hysterectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Illegible M. D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 12072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12072

CERTIFICATE OF DEATH

V 194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General St. 3 Ward)

Registered No. 85-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran (specify WAR)

2. FULL NAME Perkins Jones

(a) Residence: No. 3207 Tate St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Jones

6. DATE OF BIRTH (month, day, year) Feb. 5, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Perkins Jones

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Carolina Amos

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Ella Jones

(Address) 3207 Tate St

18. BURIAL, CREMATION, OR REMOVAL

Place Weldon N.C. Date 12/24/37

19. UNDERTAKER T G Brown & Son

(Address) 108 W Montgomery St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tranuatic Amputation of L. Arm	
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 21, 1937

Where did injury occur? 3124 Tate St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home in the Yard

Manner of injury While Sawing Wood Shaft came loose causing saw toobreak and piece struck him.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G R Roseleu M. D. Coroner

(Address) 2757 W Lombard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

12073 E 12073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-e

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mercy Hospital St. 12-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 73 yrs. 0 mos. 10 ds.

2. FULL NAME Maj-Waller Alexander Hood
If U. S. Veteran specify WAR Spanish-American

(a) Residence: No. 105-E-25- St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Holmes Hood

6. DATE OF BIRTH (month, day, year): Dec-11-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr & Secty
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Engineers Club
10. Date deceased last worked at this occupation (month and year): Dec 21-1937
11. Total time (years) spent in this occupation: 14 yrs

12. BIRTHPLACE (city or town) (State or country): Honesdale Penna.

FATHER
13. NAME: Benj L. Hood
14. BIRTHPLACE (city or town) (State or country): Northern part of New York

MOTHER
15. MAIDEN NAME: Melissa Porter
16. BIRTHPLACE (city or town) (State or country): Northern part of New York

17. INFORMANT: Mrs Mary A Hood-(wife)
(Address) 105-E-25-St City.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslint Date Dec 23/37

19. UNDERTAKER: Stewart & Monzel Company
(Address) 108 E Lanvale St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel C. Wolfe M. D.
(Address) 331 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

DEC 23 1937

12074

HEALTH DEPARTMENT—CITY OF BALTIMORE

12074

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Orleans St. E. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Terry

If U. S. Veteran specify WAR

(a) Residence: No. 1802 Orleans St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color.	Widow

3a. If married, widowed, or divorced (or) WIFE of Asa Terry.

6. DATE OF BIRTH (month, day, year) Jan 10 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Frederick Smailes

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME Julia Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Wise

(Address) 1802 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec. 24 1937

19. UNDERTAKER Mrs Robert A. Elliott & Daughter

(Address) 1124 N. Caroline St

20. FILED [illegible] 1937 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 | 20 | 37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Dec 20 1937

I last saw her alive on Dec 19 1937 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis + Mitral Insufficiency	Aug '37
Other contributory causes of importance: Arteria Sclerosis & Marked Hypertension and generalized Anasarca	Aug 1937

Was operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical & Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young M. D.

(Address) 1429 E Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42075

CERTIFICATE OF DEATH

28596 V

F 42075

Registered No. 781

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Beckham

(a) Residence: No. 1754 Llewellyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 3/19/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joel

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sally

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Com Date 12-23 1937

19. UNDERTAKER Mrs P. A. Elliott Daughter
(Address) 1124 N. Carolina St

20. FILED , 19 Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19 1937

22. I HEREBY CERTIFY, That I attended deceased from November 26 1937 to December 19 1937

I last saw him alive on December 9 1937 Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelitis	11-26-37

Other contributory causes of importance:

Myelitis, cause unknown	Oct, 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 12076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12076

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 15-7 Ward)

Registered No. 9+8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Murray

If U. S. Veteran specify WAR

(a) Residence: No. 1303 Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Murray

6. DATE OF BIRTH (month, day, year) Dec 15. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	70		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Maryland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louis Murray (Name) (Wife)

(Address) 1303 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 24 37

19. UNDERTAKER Thomas E. Welson

(Address) 1303 Presstman st

20. FILED DEC 23 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Instant
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Hamma M. D.

Coroner

(Address) 182 W Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

Spec.—2-29-24—1 & S.—500 Bks.

F 42077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42077

11-B

CERTIFICATE OF DEATH

1—PLACE OF DEATH 1515 Winchester

CITY OF BALTIMORE (No. Clarence E. Smith ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Edward Smith

(a) RESIDENCE NO. 1515 Winchester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 8-30-04

7 AGE: Years 33 | Months 8 3 | Days 30 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumpster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Balto city.

PARENTS

10 NAME OF FATHER: William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Balto.

12 MAIDEN NAME OF MOTHER: Julia Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto city.

14 Informant: Julia Watkins Douglas

(Address) 1515 Winchester St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-21-37

17 I HEREBY CERTIFY, That I attended deceased from 12-18-37, 19 ... to 12-21-37, 19 ..., that I last saw h[illegible] alive on ..., 19 ..., and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yr. mos. 7 days

CONTRIBUTORY (Secondary): Grippe, debility, hypostatic

(duration) yr. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Carlson, M. D.

19 (Address) 524 D Hillcrest

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Dec 24 1937

20 UNDERTAKER: Thomas E. Gibson

ADDRESS: 1303 Pennsylvania Ave

Important. See instructions on back of certificates.

12078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12078

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Carsen St 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1117 Carsen St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 7-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Columbus Rickfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Jackson

(Address) 1117 Carsen St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 24 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Primary)	Dec 20 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] (Coroner) M. D.

(Address) 50 [illegible] South St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 12079

12079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 202-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-4 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Hubbard

(a) Residence: No. 1001 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Hubbard

6. DATE OF BIRTH (month, day, year) Feb. 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) State or country) North Carolina

FATHER

13. NAME Samuel Hubbard

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Maggie McDonald

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Rose Hubbard
(Address) 1001 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Wadesboro N.C. Date 12/24 1937

19. UNDERTAKER Frances A. Kemsley
(Address) 578 W. Biddle St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fracture of Skull	Dec 24/37
2.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Viewed Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec. 24, 1937

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place Mercy Hosp

Manner of injury Fell down elevator shaft

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Fell while working on elevator

(Signed) Samuel Noble M. D.
Coroner

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 12080

12080 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #27584

V 53-E SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-1 Ward)

Life

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sherman Briscoe

If U. S. Veteran specify WAR .....

(a) Residence: No. 930 Harlem Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (dead)-unk.

6. DATE OF BIRTH (month, day, year) 12/11/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. upholster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Bell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/24/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1937, to 12-20, 1937

I last saw him alive on 12-20, 1937. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - site unknown	Unknown
Urinary Bladder Stones	Unknown
Other contributory causes of importance:	

Was an operation performed? yes Date of 11-12-37

For what disease or injury? Bladder stone

Name of operation Cystoscopy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp

DEC 23 1937

VS 2

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12081 | CERTIFICATE OF DEATH | I 12081

XV 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 14

Length of residence in city or town where death occurred — yrs. — mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran, specify WAR.

2. FULL NAME James H Nuyers Jr

(a) Residence: No. 126 E Chesapeake Ave Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 11-1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME James H Nuyers Sr

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Cora Bass

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) James H Nuyers 126 Chesapeake Ave Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cem. Date 12-23rd 1937

19. UNDERTAKER Belson Diamond & Knight

(Address) 218 Mc Elderry St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came this death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12/18/37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S. Allen M. D. Coroner

(Address) 507 Augusta St

State CAUSE OF DEATH in plain terms. DO NOT USE MODE OF DYING, or PROFESSIONAL TERMS. Cause of death must be stated. OCCUPATION is very important. See instructions on back of certificate.

V 5 6

B38 108 12082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-AF 12082

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-1 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thornton Wilmore Jr.

(a) Residence: No. 520 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7/26/14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thornton Wilmore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Butler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary cem Date 12-24 1937

19. UNDERTAKER Byron Memorial J. Knight
(Address) 1210 McCulloh St

20. FILED ..... 19 ..... Registrar. Fe

DEC 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1937 to Dec 20 1937

I last saw h i alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 10 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscesses in peritoneum	Dec 13, 37
Mechanical and paralytic Ileus	Dec 13, 37
Perforated peptic ulcer	Dec 11, 37

Other contributory causes of importance: Pleurisy, Bronchopneumonia

Was an operation performed? yes Date of Dec 12, 1937

For what disease or injury? Perf Peptic Ulcer

Name of operation Closure perforated peptic ulcer

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 3

12083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12083

CERTIFICATE OF DEATH

V 131-149B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 6-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Byrne

If U. S. Veteran specify WAR

(a) Residence: No. 2609 Orleans St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert J. Byrne

6. DATE OF BIRTH (month, day, year) March 23, 1899

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	38	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City

FATHER

13. NAME Edward Coyne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Jersey City

17. INFORMANT Mr. Robert J. Byrne

(Address) 2609 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 24, 37

19. UNDERTAKER John A. Logan

(Address) 3050 E. Baltimore St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Dec 21, 1937

I last saw her alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis + Hypertension Complicating pregnancy (7 mos)	
Other contributory causes of importance:	

Was an operation performed? yes Date of

For what disease or injury? ① Rupture membranes 12-19-37

Name of operation ② Induction of Labor 12-20-37

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Cushman M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

DEC 23 1937

M. D. B. 1268-9

F 42084

42084 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 N Eden St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Don't know yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lydia E Jenkins

(a) Residence: No. 1410 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard A Jenkins

6. DATE OF BIRTH (month, day, year): Feb 10th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Havre de Grace Md

FATHER

13. NAME: Samuel Deakin

14. BIRTHPLACE (city or town) (State or country): Havre de Grace Md

MOTHER

15. MAIDEN NAME: Emily Bevins

16. BIRTHPLACE (city or town) (State or country): Havre de Grace Md

17. INFORMANT: Mrs Mary Baker Daughter
(Address) 1410 N Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Interment Date Dec 24 1937

19. UNDERTAKER: Geo E Schilling & Sons
(Address) 1 Monument Square

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Dec 22, 1937

I last saw him alive on Dec 22, 1937 Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	1927
Interstitial Nephritis	?
Other contributory causes of importance: Senile Dementia	Dec 18

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Talmage M. D.

(Address) 1216 E. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12085

F 12085

CERTIFICATE OF DEATH (2) V 958

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Baltimore City Hospts St. 24-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles C. White

(a) Residence: No. 1609 Clayton Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. (Sep)

6. DATE OF BIRTH (month, day, year) 3-1-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander White

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Reely

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 12/24/37

19. UNDERTAKER L. F. McCally

(Address) 130 E Fort Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1934, to 12-21, 1937

I last saw him alive on 12-20, 1937. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis left leg - Varicose ulcers	1925
Hypertensive heart disease	1935
Bronchopneumonia	12/16/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) L. K. Edwards Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V&S

HEALTH DEPARTMENT—CITY OF BALTIMORE

12086

CERTIFICATE OF DEATH

√ 93-F 12086

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1448 Andre St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Wiesand

If U. S. Veteran specify WAR

(a) Residence: No. 1448 Andrea St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret Wiesand

6. DATE OF BIRTH (month, day, year) 2/28/72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Wiesand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Kress

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise L. Stallman

(Address) 1448 Andrea St.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Date 12/24, 1937

19. UNDERTAKER J. F. Dyer & Family

(Address) 130 E. Fort Ave.

20. FILED , 19 Registrar.

DEC 23 1937 Register Wards, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Dec 21, 1937.

I last saw him alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 6.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 mos
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney H. Stuart M. D.

(Address) 421 E Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

12087 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12087

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Warren Ave., St. 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Denny

If U. S. Veteran specify WAR

(a) Residence: No. 123 Warren Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie E. Denny

6. DATE OF BIRTH (month, day, year) April 26, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Denny

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Pohlen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sallie E. Denny
(Address) 123 Warren Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec. 23, 1937

19. UNDERTAKER William M. Marcek
(Address) 719 Light St

20. FILED ... 19... Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937 to Dec 20, 1937

I last saw him alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:

myocardial degeneration
& Cirrhosis of liver

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify

(Signed) Chas Marcek, M. D.

(Address) 17 E. Biddle St

12-23-1937

OCCUPATION is very important. See instructions on back of certificate.

12088

HEALTH DEPARTMENT—CITY OF BALTIMORE

12088

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7524 Keyworth Ave) (Ward) 25-12

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Selma Ester Weinman — If U. S. Veteran specify WAR .....

(a) Residence: No. 7524 Keyworth Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER / FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 12/24/37

19. UNDERTAKER Jos. Lewis Inc.
(Address) 1439 E. Balto

20. FILED ..... 19..... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937 to Dec 22, 1937

I last saw h alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block (rheumatic heart)	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) ..... M. D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

Reidel 12089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12089

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Eutaw Place Ward) 13-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rabbi Samuel Hurwitz

If U. S. Veteran specify WAR

(a) Residence: No. 2432 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Hurwitz

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: David Hurwitz (Address) 2432 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Friendship Date 12-23- 1937

19. UNDERTAKER: Sol Levin Inc. (Address) 1429 E. Baltimore St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22- 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec-21- 1937 to Dec-22- 1937

I last saw him alive on Dec-22- 1937 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12/22/37
Other contributory causes of importance: none	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

VS 3

12090 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12090

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St., 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. David Halpern — If U. S. Veteran specify WAR

(a) Residence: No. 2419 Brookfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Halpern

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Vaksman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Vaksman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Dan
(Address) 2419 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL Date 12-23-37
Sharre Sapir Cemetery

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED ... 19... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937 to Dec 22, 1937

I last saw him alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis acute	12-11-37
Other contributory causes of importance:	

Was an operation performed? yes Date of Dec 19, 1937

For what disease or injury? appendicitis

Name of operation appendectomy

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O'Donovan Jr M. D.

(Address) Maryland Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

12091

HEALTH DEPARTMENT—CITY OF BALTIMORE

12091

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 574 W. Conway St. 22-2 Ward)

Length of residence in city or town where death occurred ~~[illegible]~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Brooks

(a) Residence: No. 574 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Rose Brooks

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lottie Bissell
(Address) 221 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12-24-37, 19

19. UNDERTAKER Sarah L Brannon
(Address) 1013 Monument St

20. FILED 12-23-1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/37

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Dec 21, 1937.

I last saw her alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (non tubercular, exact cause undetermined)	Dec 1937

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

STATE BOARD OF HEALTH: The part of this certificate which is printed in italics is very important. See instructions on back of certificate.

F 12092

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12092

CERTIFICATE OF DEATH

48 cc

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Bay View St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Hazel Bowman
(a) Residence: No. 1416 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter Bowman

6. DATE OF BIRTH (month, day, year) Feb 14-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER
13. NAME Curtis Logan (dead)
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Catherine Puff (dead)
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Walter Bowman
(Address) 1416 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Date 12/23/37

19. UNDERTAKER
(Address)

DEC 23 1937
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (Inquest, Viewing or Inquiry)
Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came
I last saw her alive on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Carcinoma of Cervix	day
Carcinoma of Uterus	Some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

V 8.6

12093 F 12093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 9414

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercantile Trust Bldg St., 8-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ernest Frederick Zimmerman

(a) Residence: No. 3207 Ravenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ethel Zimmerman

6. DATE OF BIRTH (month, day, year) Feb. 11, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&P Tel. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Conrad Zimmerman
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Margaret Diller
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ethel Zimmerman
(Address) 3207 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date Dec 24 37, 19

19. UNDERTAKER J. D. Sterrbaum
(Address) 1326 N. Eutaw Ave.

20. FILED , 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	July 37

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Ford M. D.
(Address) 1331 E. North Ave Coroner

State cause of death in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12091 ✓108 12091

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Aisquith St., 27-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Rieger

If U. S. Veteran specify WAR

(a) Residence: No. 2904 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L Rieger

6. DATE OF BIRTH (month, day, year) 12-27-1864

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adam Kalb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ullrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry L Rieger

(Address) 2209 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12-24-37

19. UNDERTAKER Leonard J Rauch

(Address) 1245 Halfpenny

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 22 1937

I last saw her alive on Dec 22 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-16-37
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury? none.

Name of operation none

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5706 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

V8 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12095 12095

CERTIFICATE OF DEATH 28456

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14yrs yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR :

2. FULL NAME Michael Keaveney

(a) Residence: No. 1126 Mnsor St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-11-[redacted]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 [redacted]	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 12/24 19 37

19. UNDERTAKER Leonard J. Bligh
(Address) Lexington & Paca Sts

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1937 to 12-21 1937

I last saw him alive on 12-20 1937 Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Post operative shock	12/20

Other contributory causes of importance:

Was an operation performed? yes Date of 12-20-37

For what disease or injury? Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E.K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

M. D. F. 1269-9

F 12096 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12096

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5232 Linden Heights Ave. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia T. King

(a) Residence: No. 5232 Linden Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late John J. King

6. DATE OF BIRTH (month, day, year) June 3rd 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.	6.	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Lemter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Nancy Slater

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Lydia Hendrix

(Address) 5232 Linden Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date 12/24/ 1937

19. UNDERTAKER John Lowe & Bro.

(Address) 601 Hollins St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1937 to Dec. 22 1937

I last saw her alive on Dec 22 1937 Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/22/37
Senile Arteriosclerosis.	Uncertain

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James E. Ashhurst M. D.

(Address) 401 E Park Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12097 F 12097

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Penrose Ave St. 20-2 Ward)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Deems

If U. S. Veteran specify WAR .....

(a) Residence: No. 2228 Penrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Mary H. Deems

6. DATE OF BIRTH (month, day, year) July 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brakeman B&O R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Deems

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah O'Gready

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Harry L. Wortman
(Address) 2228 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/ 24/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 20 / 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/20/36, 19..., to 12/20/37, 19...

I last saw h[illegible] alive on 12/1/37, 19... Death is said to have occurred on the date stated above, at 12.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	Years.

Other contributory causes of importance:
Diabetes Mellitus
Chronic myocarditis
Cyanosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Calvert Hillman M. D.
(Address) 4 N Fallsway.

VS 3

F 42098

42098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Webster St St., 24-4 Ward)

Length of residence in city or town where death occurred yrs mos. 10 How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Laura Jane Lowery

(a) Residence: No. 120 E. 6th. St. Frederick Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Lowery

6. DATE OF BIRTH (month, day, year) March 18, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. W. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. A. Pemorey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna R. Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geo. W. Lowery

(Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Cem. Date Dec. 24 1937

19. UNDERTAKER R. Howard Evans

(Address) 1400 E. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditid	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. R. Walker, M. D.

(Address) 757 W. Lanvale St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

V S 6

12099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12099

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 656 Pitcher St, 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Brown

(a) Residence: No. 656 Pitcher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Nelson Brown

6. DATE OF BIRTH (month, day, year) July 4-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover County Va

MOTHER FATHER

13. NAME Phillip Winston

14. BIRTHPLACE (city or town) (State or country) Hanover County Va

15. MAIDEN NAME Anne Chastain

16. BIRTHPLACE (city or town) (State or country) Hanover County Va

17. INFORMANT Ora Anne Webb

(Address) 656 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec. 24, 37

19. UNDERTAKER Robert H. Young

(Address) 804 E. Caroline St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came
(Inquest, Autopsy or Inquiry)
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 20 37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
(Coroner)

(Address) 530 Linwood Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

✓ F 12100

12100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Elizabeth Waites

(a) Residence: No. 620 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 21, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.A.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Robert Waites

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robert Waites
(Address) 620 Sarah Ann

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 23 1937

19. UNDERTAKER Lockard Halstead
(Address) 918 Druid Hill Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of	
Newborn	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. C. Holden M. D.
Coroner

(Address) 2757 N Charles

OCCUPATION is very important. See instructions on back of certificate.

Vs 6

F 42101

42101

HEALTH DEPARTMENT—CITY OF BALTIMORE

23198

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 4 yrs. ..... mos. ..... ds.

2. FULL NAME Hugo Staewen

If U. S. Veteran specify WAR .....

(a) Residence: No. 1721 N. montford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 11-19-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. ", Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Gem Date Dec 27th 1937

19. UNDERTAKER Leo G. Crook

(Address) 1703 N. Patterson Park Ave

20. FILED ..... 19 ..... Registrar.

DEC 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to December 21, 1937

I last saw him alive on December 21, 1937. Death is said to have occurred on the date stated above, at 7:22 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-19-37
Other contributory causes of importance: Chronic arterio sclerotic heart disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. De Lamater M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

12102 E 12102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23329--CM 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. 36 yrs. St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Tillie C. Hutchins

If U. S. Veteran specify WAR

(a) Residence: No. 302 S. Bacon St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry (D)

6. DATE OF BIRTH (month, day, year) 11-21-1865

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
72		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Cornelius Weber

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret McNawl

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date Dec 23rd 1937

19. UNDERTAKER Lee G. Cook

(Address) 1703 N. Patterson Park Ave

20. FILED ..., 19.. Registrar.

DEC 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937 to December 20, 1937

I last saw her alive on December 20, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. de Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12103 ✓ F 12103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 - Mt. Holly St. 20-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael P. H. Mc Guiness

(a) Residence: No. 512 - Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Mc Kamara

6. DATE OF BIRTH (month, day, year) 12/17/1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office Balto Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michal

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward.
(Address) 3014 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/24/ 1937
Funeral Director Edward C. Brannigan Son

19. UNDERTAKER Edward C. Brannigan
Address 1136 Edgar. Gross Stadt
Livingston Pittsville, Md

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1937 to 12/20 1937

I last saw him alive on 12/21 1937 Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	
Other contributory causes of importance:	
Secondary Anemia	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) A. H. Crowther M. D.

(Address) 4709 Fredrick Ave

12104

HEALTH DEPARTMENT—CITY OF BALTIMORE

12104

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1219 N Calvert St. 11-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. Matthews.

If U. S. Veteran specify WAR

(a) Residence: No. 1219 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Louise F. Matthews

6. DATE OF BIRTH (month, day, year) Sept 22 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Collector.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME B C Matthews

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Minnie Byrn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT H J Matthews

(Address) 1219 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Burial Ground Date Dec 24 1937

19. UNDERTAKER Henry J Jenkins & Sons Co

(Address) Orchard & Mc Collough

20. FILED 1937 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1932 to Dec 22 1937

I last saw him alive on Dec 22 1937 Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum.	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1935 April

For what disease or injury? Carcinoma

Name of operation Removal of Malignant Neoplasm Rectum

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W W Brady M. D.

(Address) 1403 Park Ave

VR 3

7.35

42105 Hartan 42105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary, 9-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hartan — If U. S. Veteran specify WAR

(a) Residence: No. 2540 E Monument St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Hartan

6. DATE OF BIRTH (month, day, year) May 24-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Dec 1-37

11. Total time (years) spent in this occupation 7yr

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Nicholas Hartan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Rader

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Florence Hartan

(Address) 2540 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 25 1937

19. UNDERTAKER John Ulrich

(Address) 2108 Orleans

20. FILED ... 19... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Dec. 22, 1937

I last saw him alive on Dec. 22, 1937. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	1 yr.

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

12106 E 12106

HEALTH DEPARTMENT—CITY OF BALTIMORE

12106 95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 O. Donnell St. 16-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Pfeil

If U. S. Veteran specify WAR .....

(a) Residence: No. 3516 O Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Pfeil

6. DATE OF BIRTH (month, day, year) Dec 28. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer Brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2044

10. Date deceased last worked at (this occupation (month and year)) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Pfeil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Regulski

(Address) 3516 O Donnell

18. BURIAL, CREMATION, OR REMOVAL.

Place Trinity Cem Date Dec 24 37

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans

20. FILED 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1937, to Dec 21, 1937

I last saw him alive on Dec 20 1937. Death is said to have occurred on the date stated above, at 6 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Myocardial failure	11 25 37

Other contributory causes of importance

None

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab. & clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. E. Schmuck, M. D.

(Address) 842 S. Eastern Ave.

OCCUPATIONS MUST BE IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

14

F 42107

HEALTH DEPARTMENT—CITY OF BALTIMORE

42107

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N Linwood Ave 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mang

If U. S. Veteran specify WAR

(a) Residence: No. 426 N Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Jno~~ Paul Mang

6. DATE OF BIRTH (month, day, year) Dec 10 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME John Keller

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs Chas Freund

(Address) 426 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine P.K. Date Dec 24 37

19. UNDERTAKER John Ullrich

(Address) 2105 Orleans

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25. 1937. to Dec. 21. 1937

I last saw her alive on Dec 20 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied and Enlarged Heart	

Other contributory causes of importance:

None.

Was an operation performed? no Date of

For what disease or injury?

Name of operation no.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Costello M. D.

(Address) 1335 E. 31st St

OCCUPATION is very important. See instructions on back of certificate.

V6 3

12108 F 12108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Ridgecroft Rd. St., 27-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma M. Womberger

If U. S. Veteran specify WAR

(a) Residence: No. 3800 Ridgecroft Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. M. G. Womberger

6. DATE OF BIRTH (month, day, year) Feb. 1-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Sitzberger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hulda Hudgeth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George M. Womberger

(Address) 4115 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Sem. Date Dec. 23-37 19

19. UNDERTAKER John G. Miltenberger

(Address) 2037 Eutaw Pl.

20. FILED 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I. HEREBY CERTIFY, That I attended deceased from April 22, 1936 to Dec 20, 1937

I last saw her alive on Dec 13, 1937. Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral (Hemiplegia)	12/20/37
arteris - sclerosis	both
arterial hypertension -	April-1936 -
Other contributory causes of importance:	
Obesity —	April 1936 -

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinically Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no — If so, specify ...

(Signed) Louis C. Krumm M. D.

(Address) 732 W. Lenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

12109 HEALTH DEPARTMENT—CITY OF BALTIMORE 12109

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Felton Bethel

If U. S. Veteran specify WAR

(a) Residence: No. 807 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) June 24, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Jack Bethel (D)

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Roxie Layne

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Cemetery Date 12/24/37

19. UNDERTAKER Mrs Sater R. Williams
(Address) 322 S. Schroeder St.

20. FILED DEC 31 1937 Registrar. Washington Williams NPR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937, to December 21, 1937

I last saw him alive on December 21, 1937. Death is said to have occurred on the date stated above, at 9:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) W. A. Cassidy, M. D.

(Address) Balto. City Hospitals

4

HEALTH DEPARTMENT—CITY OF BALTIMORE

12110 12110

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Eleanor White

If U. S. Veteran specify WAR

(a) Residence: No. 1528 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 30, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schol. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Viola Tolbert

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Viola White

(Address) 1528 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 12/23 1937.

19. UNDERTAKER Mrs Katie R. Williams.

(Address) 322 S. Monroe St.

20. FILED ..... 19..... Registrar.

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-14- 1937 to 12-22- 1937

I last saw her alive on 12-22 1937 Death is said to have occurred on the date stated above, at 6 58 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	12-11
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Waghelstein M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

12111 F 12111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Rose Hemp ave 27-K Ward)

Registered No. 1 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George V. Jacat

If U. S. Veteran specify WAR

(a) Residence: No. 3308 Rose Hemp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth J Jacat

6. DATE OF BIRTH (month, day, year) Aug. 15 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Ref. Co.

10. Date deceased last worked at this occupation (month and year) Jan 1931

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William F Jacat

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Weber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth J Jacat
(Address) 3308 Rose Hemp ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 25 1937

19. UNDERTAKER Mr. Mrs. John W. Genfel Son
(Address) 601 W Fayette St

20. FILED Dec 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937 to Dec. 22, 1937

I last saw h. alive on Dec 22 1937 Death is said to have occurred on the date stated above, at 6 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Decompensated	3 days
Other contributory causes of importance: Chr. Interstitial Nephritis	3 Yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F A Sturm M. D.

(Address) 2878 Hanford Rd

DEC 27 1937

1-4

12112 ✓ F 42112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3307 Mondawmin Ave (Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 24 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Christina Keating

If U.S. Veteran specify WAR

(a) Residence: No. 3307 Mondawmin Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Keating

6. DATE OF BIRTH (month, day, year) Feb. 27 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. Harold [redacted] N. Barline

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thos. P. Keating

(Address) 3307 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Dec 24 1937

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1937 to Dec 21-37 1937

I last saw her alive on Dec 21 1937. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	about 2 yrs duration
Other contributory causes of importance: Myocarditis - duration 2 yrs	Heart

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dukes M.D.

(Address) 2220 Harlem Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42113 — CERTIFICATE OF DEATH — 28844 JS — 107-aF 42113

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Balto. City nospt. St. 10-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann Cecila Michell — If U. S. Veteran specify WAR

(a) Residence: No. 929 / Forrest St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Michell

6. DATE OF BIRTH (month, day, year): 1-6-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Archibald Cavanaugh

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Julia Sullivan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Cathedral Date: Dec 24 1937

19. UNDERTAKER: Rita Wiedefeld (Address) 914 Gramm...

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 22 1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937, to December 22, 1937

I last saw h[er] alive on December 22, 1937. Death is said to have occurred on the date stated above, at 6:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-14-37
Other contributory causes of importance: Peripheral neuritis	Nov. 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. De Sanctis M. D.

(Address) Baltimore City Hospitals.

OCCUPATION IS very important. See instructions on back of certificate.

DEC 29 1937

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42114

CERTIFICATE OF DEATH

46-c F 42114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4225 Belmar Ave St., 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm F Welsh

If U. S. Veteran specify WAR .....

(a) Residence: No. 4225 Belmar Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Welsh

6. DATE OF BIRTH (month, day, year) May 22 72

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Assessor City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thos. Welsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Welsh
(Address) 4225 Belmar Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 24 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar

DEC 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1937

22. I HEREBY CERTIFY, That I attended deceased from August 4 1937 to Dec. 20 1937

I last saw him alive on Dec. 20 1937. Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	unknown
Metastatic Carcinoma of liver	unknown
Other contributory causes of importance:	
Chronic Myocarditis	unknown
Arteriosclerosis	unknown

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) John A Machen M. D.

(Address) 6304 Belair Road

(Theresa B. Matthews) F 42115

12115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 St. Nicholas St. Ward) 14-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa B. Matthews

If U.S. Veteran specify WAR ---

(a) Residence: No. 1321 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. M. Matthews

6. DATE OF BIRTH (month, day, year) — 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Henrietta Nichols

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Augustus Adams

(Address) 1821 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 24 1937

19. UNDERTAKER James A. Stamps

(Address) 1142 W. Fayette St.

20. FILED DEC 23 1937 Horace Pennington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/7/37, 19 to 12/22/37, 19. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Pneumonia	
Contributory cause (importance): For Hrt & Renal Disease	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, state how.

(Signed) A. Lee Ellis M. D.

(Address) Eastwood

INSTRUCTION: This certificate is very important. See instructions on back of certificate.

12144-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42116

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 97-13

CITY OF BALTIMORE: (No. 7-5 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Leonard L. Schoenfeld If U. S. Veteran specify WAR

(a) Residence: No. 702 Princeton Place St., Washington, D. C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) July - 75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inventor Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Schoenfeld

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Farah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. Pearce (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 12-23 1937

19. UNDERTAKER Geo. Lewis Inc (Address) 1729 E. Baltimore St

20. FILED ..... 19.. ..... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937, to Dec 23, 1937.

I last saw him alive on Dec 23rd, 1937. Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of lung with metastases	Feb 1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sarah M Woodruff, M. D.

(Address) Johns Hopkins Hospital

A

✓ F 12117

12117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1019 W
CITY OF BALTIMORE: (No. 1019 W. Lanvy St. 16-2 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sallie Simmons

(a) Residence: No. 1019 W. Lanvy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 00?
10. Date deceased last worked at this occupation (month and year) June 1937
11. Total time (years) in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Potter
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown ?
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Banks (D)
(Address) 1019 W. Lanvy St

18. BURIAL, CREMATION, OR REMOVAL
Place No. 4 Balto Co. Va. 12/24/1937.

19. UNDERTAKER Charles H. Cooper
(Address) 514 N. Calhoun St.

20. FILED ..... 19... Registrar

12/23/1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937, to Dec 21, 1937.
I last saw h[illegible] alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-17
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Fuller Evans M. D.
(Address) 803 W. Fremont Ave

12118 E 12118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28588-BHK

1. PLACE OF DEATH

Registered No. 17-2187-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aaron Goldberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 1052 Pennsylvania Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) Oct 25/81 unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1 2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. arab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern ave Date Dec 24 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. North ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23 1937

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937 to December 23, 1937

I last saw him alive on December 23, 1937. Death is said to have occurred on the date stated above, at 4 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-16-37
Other contributory causes of importance:	
Arteriosclerosis	unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. L. De Lauttle M. D.

(Address) Baltimore City Hospitals

Samuel M. Wagner

12119 E 42119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel M. Wagner

(a) Residence: No. 1 E. Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piece Planter 20-40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel M. Wagner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Perkey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, REMOVAL
Place ~~Baltimore Cemetery~~ Date Dec 29 1937

19. UNDERTAKER Lilly & Zeilenhn
(Address) 403 E. Madison St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to Dec 27, 1937

I last saw h[illegible] alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Pulmonary emphysema	
Congestive Heart Failure	Dec 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Thomas H. Burn, M. D.

(Address) Johns Hopkins Hospital

V83

12120

✓ F 12120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George F. Appell

If U. S. Veteran specify WAR

(a) Residence: No. Beverly Ave Parkville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Appell

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
aubott	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. Winn

(Address) Memoriol Dalia Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 24 1937

19. UNDERTAKER Filby & Zeiler Inc

(Address) 403 S. Howard St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 21, 1937

Where did injury occur? BelAir R. Kerrynall Balto. Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Nolan Coroner, M. D.

(Address) 2757 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

V S 6

12121 ✓ F 12121

HEALTH DEPARTMENT—CITY OF BALTIMORE

28842--CM 46-F

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp ts. St. 5-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Rosenberger

(a) Residence: No. 2630 E. Oliver St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles (D)

6. DATE OF BIRTH (month, day, year) 9-16-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bernard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Frankov

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Baltimore City Hosp'ls
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Dec 24 1937

19. UNDERTAKER Lilly & Zeilentine.
(Address) 403 N. Howard St.

20. FILED DEC 24 1937 A. D. Lewis Registrar

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937, to December 22, 1937.

I last saw her alive on December 22 1937. Death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lautella M. D.

(Address) Baltimore City Hospitals

14

12122

HEALTH DEPARTMENT—CITY OF BALTIMORE

12122

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3019 Keswick Rd. Ward) 13-5

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Melvin — If U. S. Veteran specify WAR .....

(a) Residence: No. 3019 Keswick Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Mrs Belle Melvin

6. DATE OF BIRTH (month, day, year) August 9, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	4	18 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co.

FATHER

13. NAME Mr Hunter Melvin

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Julia E

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Belle Melvin
(Address) 3019 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL Wesley Chapel Balto Co.
Date Dec 26 1937

19. UNDERTAKER Chenoweth & Son
(Address) 3015 11 Christian Ave

20. FILED ..... 19..... Registrar

DEC 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Dec 23, 1937.

I last saw him alive on Dec 22, 1937 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. H. Weems, M. D.

(Address) M. G. Gen. Hospital

12123 ✓ F 12123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 186-a Registered No. 1877
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., P 37 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.

2. FULL NAME Martha Willard

(a) Residence: No. 3620 Paine St., Ward
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Josiah Willard

6. DATE OF BIRTH (month, day, year) Feb. 21 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Richard W. Stricks

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary A. Robinson

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Robert Hurley
(Address) 1027 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampden Date Dec 24, 1937

19. UNDERTAKER Chenowith Son.
(Address) 3615-17 Chestnut Ave.

20. FILED 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Inquiry thereon and from the evidence ~~disclosed~~ Inquiry ~~at said~~ ~~Inquest~~ Inquiry ~~and~~ that said deceased came ~~to~~ her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of lung due to Fracture	day
Fracture left femur	Dec 20 1937

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 20 1937

Where did injury occur? Balto. City Hospitals
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Fell out of bed

Nature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
(Coroner)

(Address) 1112 N. Broadway

S 6

✓ F 12121

12121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Kirk Ave St. 9-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur F. Johnson

If U. S. Veteran specify WAR _____

(a) Residence: No. 2617 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Johnson

6. DATE OF BIRTH (month, day, year) Dec 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life Ins Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Fayette Johnson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rosa Kaye

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret E. Johnson.
(Address) 2617 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt Olivet Date Dec 27, 1937

19. UNDERTAKER Chenowith & Son.
(Address) 3615-17 Edmondson Ave

20. FILED _____, 19_____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to Dec. 22, 1937.

I last saw him alive on Dec. 22, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 15, '37

Other contributory causes of importance:

Hypertension	'32
Arteriosclerosis	'35

Was an operation performed? No Date of _____

For what disease or injury? None

Name of operation None Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19_____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank M. Ogden, M. D.

(Address) 701 N. Calvert St

12125 F 12125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital — Registered No. 47-13
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 17 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Mr. George William Mobley

(a) Residence: No. Laytonsville, Md. St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

montgomery Co

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White Amer	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) 1937 Jan 1

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) montgomery Co Md

FATHER

13. NAME William B Mobley

14. BIRTHPLACE (city or town) (State or country) montgomery Co Md

MOTHER

15. MAIDEN NAME Louisa Gillett

16. BIRTHPLACE (city or town) (State or country) montgomery Co Md

17. INFORMANT Washington White
(Address) Gaithersburg

18. BURIAL, CREMATION, OR REMOVAL
Place Laytonsville Md Date Dec 26 19 37

19. UNDERTAKER Roy W Razor
(Address) Gaithersburg md

20. FILED Dec 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937 to Dec. 23 1937

I last saw him alive on Dec 23 1937 Death is said to have occurred on the date stated above, at 3:34 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma of left Lung.	?

Other contributory causes of importance:

Was an operation performed? Yes. Date of Dec. 20, 1937

For what disease or injury Bronchogenic Ca. of Lt. Lung

Name of operation Exploration of Lt Lung Bronchoscopic Exam.

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Douglas H. Stone M. D.

(Address) Union Memorial Hosp

H

12126 ✓ F 12126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexsimo Esteves

If U. S. Veteran specify WAR

(a) Residence: No. 1509 N. Monroe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isadore Esteves

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary Linares

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Margaret Arnold

(Address) 1509 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place, Holy Redeemer Date Dec 24, 1937

19. UNDERTAKER Martin Lally & Sons

(Address) 1527 W. Saratoga

20. FILED ..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Renal Disease	17 Years

Other contributory causes of importance: Mitral Stenosis & Regurgitation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Wolfe M. D.

Coroner

(Address) 132 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 42127

42127 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

XV 107-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Charles Miller

If U. S. Veteran specify WAR

(a) Residence: No. Oakland Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/7/37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6 mo.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md.

FATHER

13. NAME Mr. Marion Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Marion Miller (Address) Oakland Md

18. BURIAL, CREMATION, OR REMOVAL Place Christ Lutheran Date 12/24/37 19

19. UNDERTAKER H. Howard Webb (Address) Glen Rock Pa

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/22 1937 to 12/23 1937

I last saw him alive on 12/23 1937 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Lubinski M. D.

(Address) Bon Secours Hospital

V83

12128

HEALTH DEPARTMENT—CITY OF BALTIMORE

12128

CERTIFICATE OF DEATH

✓ 660-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Von Behren

If U. S. Veteran specify WAR —

(a) Residence: No. 6607 Glenoak Ave., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Dec 21 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Oswald Von Behren

14. BIRTHPLACE (city or town) (State or country) Gaithersburg Md.

MOTHER

15. MAIDEN NAME Marian Feurgeson

16. BIRTHPLACE (city or town) (State or country) Rochester N Y

17. INFORMANT Oswald Von Behren

(Address) 6607 Glenoak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lord Park Date 12/24 1937

19. UNDERTAKER Wilbur Cook

(Address) 1219 E Fayette St

20. FILED ..... 19..... Registrar

DEC 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937 to Dec 23 1937

I last saw him alive on Dec 23 1937 Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage?	
(Spontaneous birth)	Dec
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Rudman M. D.

(Address) St Joseph Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

F 12129

HEALTH DEPARTMENT—CITY OF BALTIMORE

12129

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Payson St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Saulsbury

If U.S Veteran specify War No Record

(a) Residence: No. 192½ Hope St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND or (or) WIFE of Wm E. Saulsbury

6. DATE OF BIRTH (month, day, year) April 12th 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Hiltner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Hissey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Dorothy Finney

(Address) 1002 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 24th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/19 1937 to 12/22 1937

I last saw her alive on 12/22 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	12/19
Hemiplegia	12/19
Myocardial Failure.	12/19
Other contributory causes of importance: Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Bluett M. D.

(Address) 1206 E. Preston St.

E 12130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12130

CERTIFICATE OF DEATH

107-a

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna Joyce

(a) Residence: No. 4423 Wrenwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of William H. Joyce

6. DATE OF BIRTH (month, day, year) Mar 19th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Holt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wm H. Joyce
(Address) 4423 Wrenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/23 37

19. UNDERTAKER Wilbur Cook
(Address) 1219 E Oliver St

DEC 24 1937 Livingston Mortuary, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1937 to 12-23 1937

I last saw her alive on 12-22 1937 Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elton Rosnick M. D.
So. Balto. Gen. Hosp.

42131 F 42131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 15-10

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. 3920 Fernhill Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reuben W Billmeyer

If U.S. Veteran specify WAR No

(a) Residence: No. 3926 Fernhill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emma L S Billmeyer

6. DATE OF BIRTH (month, day, year): Nov 29 1879

7. AGE: Years 58; Months 0; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R Co

10. Date deceased last worked at this occupation (month, day, year): Dec 1 1937

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles E Billmeyer

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Sarah L Yates

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Emma L S Billmeyer

(Address) 3926 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/27 37

19. UNDERTAKER: Fulton Corp

(Address) 1217 E Baltimore St

20. FILED DEC 24 1937 19

Registrar

Examined by

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1937, to Dec 23, 1937

I last saw him alive on Dec. 23, 1937. Death is said to have occurred on the date stated above, at 3:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 9 37
Other contributory causes of importance: Arterio Sclerosis	Dec 37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edgar F Sambrook M. D.

(Address) Medical Art Bldg

42132 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42132

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME William Hardesty

(a) Residence: No. 3114 E. Biddle St., Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah J. Smith Hardesty

6. DATE OF BIRTH (month, day, year) June 3, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R. R.

10. Date deceased last worked at this occupation (month and year) 11-[illegible]-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Richard W. Hardesty

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER

15. MAIDEN NAME Elizabeth V. Beech

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Records - U.S. Marine Hospital,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Fl Morland Park Date Dec 27 37

19. UNDERTAKER Wm Cook
(Address) 217 E. Paul St

20. FILED ..... 19 ..... Registrar.

DEC 24 1937 Washington Hollows, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1937, to December 22, 1937

I last saw him alive on December 22, 1937 Death is said to have occurred on the date stated above, at 12:46 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, valvular, mitral	Nov. 1937
Heart disease, endocarditis	Nov. 1937
Heart disease, myocarditis, chronic	Nov. 1937

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Lawrence, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

Dec 25/37

42133 E 42133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628-E. Chase Street St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Geisel

(a) Residence: No. 1628-E. Chase Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Geisel

6. DATE OF BIRTH (month, day, year) 11/24/1861

7. AGE Years	Months	Days	If LESS than 1 day Hours or min.
76	-	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Willer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Geisel
(Address) 1628-E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 12/25/37 19

19. UNDERTAKER George C. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED ..... 19..... Registrar

DEC 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1937. to Dec. 23, 1937.
I last saw her alive on Dec. 22, 1937. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease with Hypertension	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. Littman M. D.

(Address) 1304 E. Chase

42134 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42134

CERTIFICATE OF DEATH

√ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Kampe (20664) If U. S. Veteran specify WAR .....

(a) Residence: No. 1713 N. Bradford St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) March 31, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John F. Kampe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Mitchell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Dec. 27 37

19. UNDERTAKER John H. Miller
(Address) 2334 Jefferson St

20. FILED ..... Registrar.

DEC 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 14 1937 to December 22 1937

I last saw him alive on December 22, 1937. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Cassidy, M. D.

(Address) Balto. City Hospitals

Spec.—8-16-29—L. F. S.—100 Blks.

2135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42135

1—PLACE OF DEATH 1620 W Lexington St

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore (St.) 19 WARD 2

2—FULL NAME Euphania Fraley

(a) RESIDENCE NO. 1620 W. Lex. St. WARD

(Usual place of abode) Home for over year

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. M. Franklin

(Address) 1620 W. Lexington St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-37

17 I HEREBY CERTIFY, That I attended deceased from 12/10/37, 19 to 12/21/37, 19 ...,

that I last saw h[illegible] alive on 12/21/37 19

and that death occurred, on the date stated above, at 9:20 P. M.,

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) 1 yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 1 yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? [illegible]

(Signed) H. Bartlett M. D.

19 (Address) 726 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rest-Grove

DATE OF BURIAL 12-24 1937

20 UNDERTAKER Mrs. Geo. N. Holland

ADDRESS 1631 Druid Hill Ave

F 42136

42136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 1935 Druid Hill St 14-3 Ward)

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Hamer

(a) Residence: No. 1935 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B.

6. DATE OF BIRTH (month, day, year) Dec. 16 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Rev. Alfred Vaulx

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Loretta Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William B. Hamer

(Address) 1935 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Date Dec. 24 '37

19. UNDERTAKER Mrs. George N. Howard

(Address) 631 Druid Hill Ave

20. FILED DEC 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1937 to Dec 21, 1937

I last saw h alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/1/37

Other contributory causes of importance:

Chronic Nephritis 5 months

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) No Bradshaw Higgins M. D.

(Address) 2273 Madison Ave

12137

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12137

CERTIFICATE OF DEATH

√ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Beechdale Rd. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 10 da. How long in U. S. if of foreign birth ..... yrs. 6 mos. 10 da.

2. FULL NAME Marie Laurance Smith

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 117 Beechdale St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June-13-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Horace L. Smith

14. BIRTHPLACE (city or town) (State or country) Sunflower Miss

MOTHER

15. MAIDEN NAME Libbie Nimmo

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. J. H. Webster Smith (bro)

(Address) 4-1 Hillside Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 24, 37

19. UNDERTAKER Stewart & Co. Inc.

(Address) 108 W. Monument

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15 th 1937 to December 22 nd 1937

I last saw h.. alive on December 22-d 1937. Death is said to have occurred on the date stated above, at 11.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis - Chronic in	1927
Hypertension - " "	1927
Other contributory causes of importance:	
Cerebral Haemorrhage - First - Sept	1936
Cerebral Haemorrhage - Second - Dec 9	1937

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas B. Fletcher, M. D.

(Address) 1201 N. Calvert St

M. D. B 1268-9

12138 HEALTH DEPARTMENT—CITY OF BALTIMORE 12138

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabel Lise Sachs

(a) Residence: No. 115 S. Callendar Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Sachs

6. DATE OF BIRTH (month, day, year) May 13, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME William E. Anderson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John A. Sachs

(Address) 115 S. Callendar Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Dec 24

19. UNDERTAKER E. W. Lauraderes

(Address) 1822 E. Baltimore St.

20. FILED DEC 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry did find that said deceased came to her death on the date stated above.

(Inspect, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-20
Other contributory causes of importance: Cardiac Decompensation	12-22

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin Abrams Coroner, M. D.

(Address) 1822 E. Baltimore St.

12139 F 12139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospt St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mon. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Jacob Pazelsky
If U. S. Veteran specify WAR

(a) Residence: No. 319 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coat Presser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Morris
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Youpka
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 12/24/37

19. UNDERTAKER Levy Bros
(Address) 1439 E. Baltimore St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Emphysema	
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1717 E. Baltimore St

V S 6

F 42140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42140

131

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 N. Eden st St. 5-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Caplan

(a) Residence: No. 33 N. Eden st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Caplan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Russia

FATHER

13. NAME Isaac Caplan

14. BIRTHPLACE (City or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Watrous

16. BIRTHPLACE (City or town) (State or country) Russia

17. INFORMANT Isaac Caplan

(Address) 33 N. Eden st

18. BURIAL, CREMATION, OR REMOVAL Sharey Dec 12-24-37 19

19. UNDERTAKER Jack Levine

(Address) 1439 E. Baltimore

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to Dec 23 1937

I last saw him alive on Dec 22 1937. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Chronic Interstitial nephritis	Jan 1/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard L. Ensinger M. D.

(Address) 1514 E. Baltimore st.

VS 3

F 42141

42141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary Donovan

(a) Residence: No. 806 Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: about 46 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem Date: 12/2/25

19. UNDERTAKER: Gay & Fahey
(Address): 1101 E. Fayette

20. FILED ... , 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1925

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the residence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above. 9 40 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. Ham Curran M. D.
Coroner

(Address) 1215 Hanover

V 5 6

12142

F 42142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. 7 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Albert Montgomery

(a) Residence: No. 1008 Shields Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 12/21/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Norman

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Josephine Leach

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Josephine Montgomery
(Address) 1008 Shields Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/24 37

19. UNDERTAKER William A Jackson
(Address) 916 Penna Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy or Inquiry thereon and from the evidence obtained by said Inquest Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal diphtheria	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Whedon M. D.

(Address) 1918 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

V S 6

12143 V E 12143

HEALTH DEPARTMENT—CITY OF BALTIMORE

12143 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Evesham Avenue St., 27-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Maynadier

If U.S. Veteran specify WAR ....

(a) Residence: No. 708 Evesham Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine B. Walters

6. DATE OF BIRTH (month, day, year) April 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME John H. Maynadier

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Matilda Littig

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Mrs. Josephine V. Maynadier

(Address) 708 Evesham Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 12/25 1937

19. UNDERTAKER Henry H. Myers & Son

(Address) 5-23 N. Eutaw St.

20. FILED 19 Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1937 to Dec 23 1937

I last saw h[illegible] alive on December 23 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	12/19/37
Other contributory causes of importance: Coronary Thrombosis	1936
Chronic Endocarditis	1936
Chronic Interstitial Nephritis	1936

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Physical findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel J. & Thos. Jenkins M. D.

(Address) Govans, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42144

CERTIFICATE OF DEATH

53-B 42144

14-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude Louisa Squiggins

If U.S. Veteran specify WAR .....

(a) Residence: No. 1302 Rice Ave Catonsville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Edward Kirk Squiggins

6. DATE OF BIRTH (month, day, year) Jan 16, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year) 12-22-37

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Barret Lawder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Kate Bean.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edward Kirk Squiggins

(Address) 1302 Rice Ave. Cat. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Dec. 24 1937

19. UNDERTAKER Wm Pickrell & Sons

(Address) Eutaw & Pa Aves.

20. FILED DEC 24 1937

Registrar of V. S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1937 to 12-23 1937

I last saw her alive on 12-23 1937 Death is said to have occurred on the date stated above, at 1:39 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Carcinoma of Bladder	
Uremia	
Hypertension	ovw

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jerome L. Gustafson M. D.

(Address) 736 Northern Parkway.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42145

CERTIFICATE OF DEATH

23 F 42145

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugenia Johnson

(a) Residence: No. 1407 Askew alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (or) WIFE of Alexander Johnson

6. DATE OF BIRTH (month, day, year) Dec 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter Thomas

(Address) 1407 Askew Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 12-24 1937

19. UNDERTAKER Byrd & Francis W. Wright

(Address) 2151 McElderry St

20. FILED 19 Registrar

GHG

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, And that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Caseous Left Lung	
Bronchopneumonia (Secondary)	

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? —— If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave

42146 HEALTH DEPARTMENT—CITY OF BALTIMORE 42146

CERTIFICATE OF DEATH

107-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Dallas St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena B Jenkins

(a) Residence: No. 628 N. Dallas St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jenkins

6. DATE OF BIRTH (month, day, year) DEC. 20 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT John Jenkins

(Address) 628 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 12-26-37

19. UNDERTAKER Byron M. and W. Wright

(Address) 1218 Mc Elderry St

20. FILED ..... 19 .....

Registrar

DEC 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1937, to 12-23-, 1937.

I last saw her alive on 12-22-, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset .....

Other contributory causes of importance:

Abdominal Growth.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr. D. Langis M. D.

(Address) 611 N. Caroline St.

Spec.—8-24-14—M. & T.—2000 Blks

12147

F 42147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-W

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Eastern Ave ST. 15-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Fuller

(Residence in Baltimore: No. 1901 Eastern Ave St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March 24, 1844
(Month) (Day) (Year)

7-AGE. 93 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Mark Bridgwell

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary A. Miller

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Fuller

(Address) 1901 Eastern Ave

15-

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1937
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1937, to Dec 22 1937, that I saw h[illegible] alive on Dec 22 1937, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows: Acute Myocarditis

Contributory Arteriosclerosis

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary)

(Duration) ½ yrs. mos. da.

(Signed) [illegible] M. D.

Dec 22, 1937 (Address) 1901 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Edmondson Village Montgomery Co Md

DATE OF BURIAL, Dec 26 1937

20-UNDERTAKER Chas G. Black

ADDRESS 742 Wrotham Ave

✓ F 42148

42148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 N. Charles St. 12-5 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? 67 yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mateo H. Jepper Jr.

(a) Residence: No. 2010 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Katie E. Jepper

6. DATE OF BIRTH (month, day, year) June 21 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Venezuela

FATHER

13. NAME Mateo H. Jepper Sr.

14. BIRTHPLACE (city or town) (State or country) Venezuela

MOTHER

15. MAIDEN NAME Mary Ann Zonia

16. BIRTHPLACE (city or town) (State or country) Venezuela

17. INFORMANT Katie E. Jepper

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Dec. 24 1937

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 3 yrs — 1934 to Dec 23, 1937

I last saw him alive on Dec 23 1937 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart	3 yrs
Chronic nephritis	3 yrs
Other contributory causes of importance:	
Arteriosclerosis.	10 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Albert Levy M. D.

(Address) 2020 N. Charles St.

42149

HEALTH DEPARTMENT—CITY OF BALTIMORE

42149

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. 12-6 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 53 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Howard

If U. S. Veteran specify WAR World War

(a) Residence: No. ... St., ... Ward. 38 Pleasant St., Annapolis

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Taylor Howard

6. DATE OF BIRTH (month, day, year) May 15, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Naval Academy

10. Date deceased last worked at this occupation (month and year) November 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield, Md.

FATHER

13. NAME Frank Howard

14. BIRTHPLACE (city or town) (State or country) Chesterfield, Md.

MOTHER

15. MAIDEN NAME Charlotte Howard

16. BIRTHPLACE (city or town) (State or country) Chesterfield, Md.

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Burial Hill Date 12/26, 1937

19. UNDERTAKER Chas. E. Nicholson (Address) Annapolis, Md.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1937 to December 23, 1937

I last saw him alive on December 23, 1937. Death is said to have occurred on the date stated above, at 9:15a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D.

(Address) T. B. H. Anderson, U.S. Marine Hospital, Baltimore, Maryland.

VS 3

42150 E 42150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42150 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 S. Smallwood St., 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? 60 yrs. mos. da.

2. FULL NAME Katherina C Heinrich

If U.S. Veteran specify WAR

(a) Residence: No. 440 S. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hieronymus V. Heinrich.

6. DATE OF BIRTH (month, day, year) Feb. 23, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 10 '37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Breitschneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hieronymus V. Heinrich
(Address) 440 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 25, 1937

19. UNDERTAKER Charles W. Dill.
(Address) 5109 Fredk. Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1937 to Dec 22, 1937

I last saw h alive on Dec. 22, 1937 Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct 9/37
Other contributory causes of importance: Hypertension	3 yrs
Phlebitis	2 yrs

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kahn, M.D.

(Address) 7027 Wabash Ave

F 42151

42151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 E. Preston St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth 58 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MAX WIEGAND

(a) Residence: No. 2301 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Wiegand

6. DATE OF BIRTH (month, day, year) Dec.13.1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Wiegand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Friebodt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Anna M. Wiegand (Wife) 2301 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cem. Date Dec.27.1937

19. UNDERTAKER (Address) HENRY SANDER & SONS. INC Baltimore & Broadway.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.22.1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 22 1937

I last saw h alive on Dec 22 1937 Death is said to have occurred on the date stated above, at 5.45p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Degeneration

Paralysis

Date of onset

Other contributory causes of importance: Chronic Myocarditis Dec 1

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

12152 F 12152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Fleet St. St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME MAGDALENA SMITH

If U. S. Veteran specify WAR .....

(a) Residence: No. 1803 Fleet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Smith

6. DATE OF BIRTH (month, day, year) Jan. 23. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Appel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Margaret Smith (Daughter)
(Address) 1803 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cem. Date Dec. 26. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. J. Sander.
(Address) Baltimore & Broadway.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 '37 to Dec 22 '37

I last saw h[illegible] alive on Dec 22 '37 Death is said to have occurred on the date stated above, at 6.45p.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	1928

Other contributory causes of importance:
Cerebral Hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Rogers M. D.

(Address) 8014 Reisterstown Rd

F 12153

2153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 W. Glen Ave. St. 21-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET AMANDA HILTZ

If U. S. Veteran specify WAR .....

(a) Residence: No. 3421 W. Glen Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William F. Hiltz

6. DATE OF BIRTH (month, day, year) August 26.1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick A. Sinskey

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Ann Hartlove

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr.Wm.F.Hiltz (Husband)
(Address) 3421 Glen Ave.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cem. Dec.24.1937
(Place) (Date)

19. UNDERTAKER HENRY SANDER & SONS.INC. Per J. Sander
(Address) Baltimore & Broadway.

20. FILED .....19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.22.1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 ....., 1937. to December 22. 1937

I last saw her alive on December 21. 1937. Death is said to have occurred on the date stated above, at 12.15p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Enteritis	7/8.37
Other contributory causes of importance: Senile dementia	1930

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Milton P. Hall M. D.

(Address) 4531 Reisterstown Rd.

12154 E 12154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 N. Highland Ave. St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Niemyer

(a) Residence: No. 637 N. Highland Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Niemyer

6. DATE OF BIRTH (month, day, year) June 31, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	52	11	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Niemyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Momberger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Barbara Niemyer
(Address) 637 N. Highland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Ceme. Date Dec. 24 '37

19. UNDERTAKER H. Sander & Son., Inc. Geo. F. Sander
Baltimore St. & Broadway

20. FILED ..... Registrar
DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to Dec 22, 1937

I last saw h... alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows: Myocardial Failure — Date of onset .....

Other contributory causes of importance: Hypertension Cardio-Arterio Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas. Sumwalt, M. D.

(Address) 4 W. Mt. Royal Av.

12/23/37

MAZYCK

HEALTH DEPARTMENT—CITY OF BALTIMORE

33893 12155 12155

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-E Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Mazyck

If U. S. Veteran specify WAR

(a) Residence: No. 910 N Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-7-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bond

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME Florean Taylor

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dec 24 Date 1937

19. UNDERTAKER Wm Calvert Century
(Address) Eutaw Cemetery

20. FILED Dec 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Dec 23, 1937

I last saw her alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 7 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar - pneumococcal	12-10-37
Other contributory causes of importance:	
anemia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Weston M. Kelly M. D.

(Address) Johns Hopkins Hospital

Spec.--8-16-29--L. F. S.--100 Bks.

F 42156

42156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11-a

1--PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 850 Pierce ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2--FULL NAME William Hebron

(a) RESIDENCE NO. 850 Pierce St ST., WARD 17
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Nov 21 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	Nov 1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Hebron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edward Hebron

(Address) 850 Pierce St

15 Filed DEC 24 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-37

17 I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1937, to Dec 23rd, 1937, that I last saw him alive on Dec 23rd, 1937 and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas. C. Carper M. D.

19 (Address) 735 Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Broad Hill Cem. Annapolis	Dec 28 1937
20 UNDERTAKER	ADDRESS
E. B. Johnson	Annapolis

F 12157

2157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John V. Glennon

(a) Residence: No. 1404 E. Oliver St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie R. Glennon

6. DATE OF BIRTH (month, day, year) July 17 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Dec 1937

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Lebanon Penna

FATHER

13. NAME John Glennon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Carey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marie Glennon

(Address) 1401 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/24/37 19

19. UNDERTAKER Chas B. Evans & Son

(Address) 118 W. Mt. Royal Ave

20. FILED DEC 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1937 to Dec. 23, 1937

I last saw him alive on Dec. 23, 1937 Death is said to have occurred on the date stated above, at 11 7 m.

The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage — Date of onset 12/21/37 ?

Gastric ulcer

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph Hospital

F 12158

12158 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 6 5 V 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Mullikin St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Lorraine Futadio — If U.S. Veteran specify WAR ...

(a) Residence: No. 1617 Mullikin St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 5. 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md Balto

FATHER

13. NAME Anderson Futadio

14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER

15. MAIDEN NAME Lillian Nolan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Futadio
(Address) 1617 Mullikin St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 24 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1937 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec Sept 16 . 1937 to Dec 23 . 1937
I last saw her alive on Dec. 23 . 1937 Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	12/17/37
Other contributory causes of importance: Broncho Pneumonia	12/18/37

Was an operation performed? No Date of ...

For what disease or injury? —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 N Carolina St.

F 12159

12159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Wyatte Ave - 7 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Murphy

(a) Residence: No. 305 Wyatte Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) May 2-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewisburg Pa

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Lewisburg Pa

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mary Brown

(Address) Oxford Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/26 1937

19. UNDERTAKER Charles H. Tarr

(Address) 5140 Belair Rd

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Heart	Dec 20/37

Other contributory causes of importance: —

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lange S. Allen M. D.

(Address) 501 Augusta St Coroner

V S 6

F 12160

12160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Heying

(a) Residence: No. 1135 William St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Heying

6. DATE OF BIRTH (month, day, year) Jan. 31, 1800

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Heying (Address) 1135 William St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C. Date 12-27 19 37

19. UNDERTAKER Bernard C Harlow (Address) 121 E Read St

2[illegible] 19 [illegible] Registrar

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) [signature] M. D. Coroner

(Address) 2757 W Pratt

12161

F 12161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 S. Streeper St.) 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Borg.

(a) Residence: No. 633 S. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Hanna Borg.

6. DATE OF BIRTH (month, day, year) May 10, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Custom House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway.

FATHER

13. NAME John Borg.

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Wm. Creamer

(Address) 633 Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date Dec. 27 - 1937

19. UNDERTAKER Lilly & Zeile Inc.

(Address) 703 W. Lafayette St.

20. FILED Dec 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1937 to Dec. 23 1937

I last saw him alive on Dec. 22 1937. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset ?

Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. E. Peters M. D.

(Address) 432 E. Pattison St. Balto.

12162 E 12162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Overlea Ave St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Berg

If U. S. Veteran specify WAR

(a) Residence: No. 3710 Overlea Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Berg

6. DATE OF BIRTH (month, day, year) Dec 29/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Lehman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Richter

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Berg

(Address) 3710 Overlea Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec 24/37

19. UNDERTAKER Philip Hourig Sons

(Address) 2116 Orleans St

20. FILED DEC 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1937, to Dec 21st, 1937

I last saw h— alive on Dec 21st, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic tuberculosis of lungs	Nov 28
Other contributory causes of importance:	
Cerebral Hemorrhage	Nov 28

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward R. Beaver M. D.

(Address) 1 W. Oxford

F 12163

12163 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH × √ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Edward Cody

(a) Residence: No. Elkridge City, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Cody

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lena Mulloy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wm Cody

(Address) Elkridge City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date Dec. 24 1937

19. UNDERTAKER F. C. Kimbolton

(Address) Elkridge City, Md.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH †

21. DATE OF DEATH (month, day, year) Dec 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Wolfe Coroner. M. D.

(Address) 1331 E Monument St.

V 5 6

F 12164

12164 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH Monastery of the Visitation — Registered No. 27-13

CITY OF BALTIMORE: (No. 5712 Roland Avenue St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 70 yrs. -- mos. -- ds.

2. FULL NAME Sister Mary De Sales Edgar — U.S. Veteran specify WAR

(a) Residence: No. 5712 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) Jan. 11, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris France

FATHER

13. NAME Newbold Edgar

14. BIRTHPLACE (city or town) (State or country) ------- New York

MOTHER

15. MAIDEN NAME Caroline Appleton

16. BIRTHPLACE (city or town) (State or country) ------- New York

17. INFORMANT Mother M. Gertrude Peters
(Address) 5712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 12/25 37

19. UNDERTAKER Henry C. Meade and Son
(Address) 505 N. Calvert St.

20. FILED Dec 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 1935 to Dec 24, 1937

I last saw h alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 19
Other contributory causes of importance: Chronic Myocarditis Senility	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles O'Donovan, M. D.

(Address) 515 Read St

338394

12165

F 12165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie C. Hart — If U. S. Veteran specify WAR

(a) Residence: No. 530 S Main St. St., ... Ward. Chambersburg Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/1/75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Penn—

FATHER

13. NAME George Hart—

14. BIRTHPLACE (city or town) (State or country) Penn—

MOTHER

15. MAIDEN NAME Susanna Castner

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Records— (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Chambersburg Pa Date Dec 26 37

19. UNDERTAKER Wm J Buckey & Sons (Address) Balto

20. FILED ..... By ..... Registrar

DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1937 to Dec 23, 1937

I last saw her alive on Dec 23, 1937. Death is said to have occurred on the date stated above, at 1:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Tumor (ca of Kidney)	Feb., 1937
Other contributory causes of importance: Pulmonary Metastases of Ca.	12/20/37
Chronic Intestinal obstruction	April, 1937
Marked secondary anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

14

F 12166

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12166

CERTIFICATE OF DEATH

V 154

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-it Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Cimino

If U. S. Veteran specify WAR .....

(a) Residence: No. 904 N. Durham St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of Mildred Cimino (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1913

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
24	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On construction jobs

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) New York City

MOTHER FATHER

13. NAME Frances Bomgiovanni

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta De Gentiis

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mercy Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Dec 27 1937

19. UNDERTAKER Frank Della Vale (Address) 512 N. Monroe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1937, to Dec. 23, 1937

I last saw him alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 1:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis right ilium	
Septicaemia	
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 16, 1937 22

For what disease or injury? Osteomyelitis R. ilium

Name of operation Incision & drainage (twice

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard H Bamberger, M. D.

(Address) Mercy Hospital

12167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12167

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N. Washington St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonhardt Gay

If U. S. Veteran specify WAR .....

(a) Residence: No. 1516 N. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced BUSBAND of (or WIFE of) Gay.

6. DATE OF BIRTH (month, day, year) Dec 3 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 13

10. Date deceased last worked at this occupation (month and year): 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gay

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Johanna Schmucker

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Fritz Zentrahel

(Address) 15-16 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Am Date 12-25-37.

19. UNDERTAKER Wendell E Humphreys

(Address) 1501 N. Broadway.

20. FILED ... 19... Registrar

JAN 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to Dec 23, 1937

last saw h... alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	16 mo
Other contributory causes of importance: Bronchopneumonia	1 wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Edward Bond M. D.

(Address) 2530 E Baltimore

F 42168

2168 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 E. Preston St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Bransby

If U.S. Veteran specify WAR ....

(a) Residence: No. 838 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Catherine Bransby

6. DATE OF BIRTH (month, day, year): Feb. 22, 1864

7. AGE: Years 73 | Months 10 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

MOTHER FATHER

13. NAME: Charles Bransby

14. BIRTHPLACE (city or town) (State or country): Balto., Md

15. MAIDEN NAME: Susanna Watkins

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT (Address): Edward Bransby 838 E. Preston

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Dec 27 37

19. UNDERTAKER (Address): Margaret A. Flynn 2107 N. Hilton St.

FILED ..... Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to Dec 22, 1937

I last saw him alive on Dec. 22, 1937. Death is said to have occurred on the date stated above, at 10.53 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular failure - Chronic nephritis - Arteriosclerosis -	Nov 18
Other contributory causes of importance: Terminal pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R. DiPaula M. D.

(Address) 235 S. Caroline St.

12169

HEALTH DEPARTMENT—CITY OF BALTIMORE

12169

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3109 Belmont ave 6-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary B. Koch
If U.S. Veteran specify WAR
(a) Residence: No. 3109 Belmont ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Oscar Koch
6. DATE OF BIRTH (month, day, year): April 24. 1904
7. AGE: Years 33; Months 7; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER
13. NAME: Hugh Byrne
14. BIRTHPLACE (State or country): England

MOTHER
15. MAIDEN NAME: Catherine Clinton
16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Oscar Koch 3109 Belmont ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge (Private) Date: Dec 27 1937

19. UNDERTAKER (Address): Margaret E. Flynn 1432 Light St.

20. FILED 19 Registrar

DEC 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 - 1937 to Dec 23rd 1937.
I last saw her alive on Dec 23 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Acute Cardiac Dilatation	12/23/37
Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Hugh Lane M.D.
(Address) 1 E Read St.

12170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12170

CERTIFICATE OF DEATH

8 2a V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin J. Brand Miller

If U. S. Veteran specify WAR

(a) Residence: No. 1657 W North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L. Knecht

6. DATE OF BIRTH (month, day, year) Jan 7 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Brandmiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Martin

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Fr. Brand-Miller

(Address) 521 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12/27 37

19. UNDERTAKER Mary M. Wedefeld

(Address) 22 E Preston St

20. FILED , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 23

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Martin Hamm M. D.

(Address) 1822 W Baltimore St

V S 6

12171 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12171

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Gillespie If U. S. Veteran specify WAR

(a) Residence: No. 2 Gracer Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thos. Gillespie

6. DATE OF BIRTH (month, day, year) Apr 23 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butt. Mont.

FATHER

13. NAME Geo. Tilly

14. BIRTHPLACE (city or town) (State or country) Wisconsin

MOTHER

15. MAIDEN NAME Lucas Kramer

16. BIRTHPLACE (city or town) (State or country) Butt. Mont.

17. INFORMANT C. Whitmore.
(Address) Lodge Pursel & Hollins

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 27 1937

19. UNDERTAKER Wm. Cook
(Address) 217 E. Saratoga St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that the said named came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Fracture of left femur	
b	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12 17 1937
Where did injury occur? Mount Washington Tram
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Tramcar
Manner of injury Sitting in car when it left track
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hamburger M. D.
Coroner
(Address) 210 Saratoga

V 8 6

12172
339/33

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12172

CERTIFICATE OF DEATH

54 D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marguerite Baxos

If U. S. Veteran specify WAR

(a) Residence: No. 715 N Broadway St., Ward. Dayton Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur

6. DATE OF BIRTH (month, day, year): 2-6-07

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: John Lucas

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Margit Wegh

16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Dayton Ohio Date: 12-28-37

19. UNDERTAKER: John D. Pickel Co.

(Address) 800 Cat... Pl.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Dec 24, 1937

I last saw her alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 8:00 p m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - Cerebellar

Benign

Date of onset

Other contributory causes of importance:

None

Was an operation performed? Yes Date of Dec 23, 1937

For what disease or injury? Brain Tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James Monroe Mason M. D.

(Address) Johns Hopkins Hospital

F 12173

12173 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — 811 — Ward

CITY OF BALTIMORE: (No. ..... St. .....)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Francis Walker

If U. S. Veteran specify WAR No Record

(a) Residence: No. ..... St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~last name~~ Ada Jane Walker

6. DATE OF BIRTH (month, day, year) Sept 14th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Foreman Freight Sheds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. P. R. R. 1873

10. Date deceased last worked this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME George F. Walker

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Laura E ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT George F. Walker

(Address) 650 Register Ave Govans 12/24/37

18. BURIAL, CREMATION, OR REMOVAL Derby Lawn, Chesterfield, Md

19. UNDERTAKER William Ford

(Address) 1219 E. Fayette St

DEC 25 1937 Attest: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12, 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/13/1937 to 12/23/1937

I last saw him alive on 12/23/1937 Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 7-26-37 (approximate)

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/16/37

For what disease or injury? Carcinoma of Stomach

Name of operation Gastrectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Fearnow Jr M. D.

(Address) Maryland General Hospital

12174 HEALTH DEPARTMENT—CITY OF BALTIMORE 12174

CERTIFICATE OF DEATH

V 34-93-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Onesta

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2019 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, BUSBAND of Mollie Onesta

6. DATE OF BIRTH (month, day, year) Dec 31st 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoretz 0086

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ernest Onesta

14. BIRTHPLACE (city or town) (State or country) Nakaoma

MOTHER

15. MAIDEN NAME Margaret (Nakaoma)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mollie Onesta

(Address) 2019 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 27th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 25 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1937 to Dec 24 1937

I last saw him alive on Dec 24 1937 Death is said to have occurred on the date stated above, at 12 00 NOON

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease c Decompensation	6 mo
Pulmonary Embolism	2 days
Other contributory causes of importance:	
Terminal Broncho-pneumonia	3 days
Embolism	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Cochran M. D.

(Address) St. Joseph Hospital

3,9034
12175

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 12175

CERTIFICATE OF DEATH

53-c

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Jones

(a) Residence: No. 2041 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-16-00

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Snead

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mamie Balden

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Dec 26-37

19. UNDERTAKER Thos. E. Kehoe
(Address) 1303 Division St.

20. FILED ..... 19..... Registrar

DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Dec 23, 1937

I last saw her alive on Dec 23, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compl Perforating glioma left frontal lobe	June 1937
Resection left frontal lobe with tumor.	
Other contributory causes of importance:	over

Was an operation performed? yes Date of Dec 22, 1937

For what disease or injury? Brain tumor

Name of operation Resection left frontal lobe

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Pecorell M. D.

(Address) Johns Hopkins Hosp.

12176 HEALTH DEPARTMENT—CITY OF BALTIMORE 12176

CERTIFICATE OF DEATH ✓ 46-F

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1611 Bolton St. St. 44-1 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances B. Chamberlaine

If U. S. Veteran specify WAR

(a) Residence: No. 1611 Bolton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert L. Chamberlaine

6. DATE OF BIRTH (month, day, year) July 10, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties ~~37~~ 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Kloman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Agnes P. Helm

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert L. Chamberlaine
(Address) 1611 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Aitken, Cecil Co. Md. Dec 25. 1937

19. UNDERTAKER J. O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

DEC 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to Dec 22 1937

I last saw her alive on Dec 22, 1937 Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Tuberculous)	
Other contributory causes of importance:	

Was an operation performed? No, Date of ... Nov. 1937

For what disease or injury? Exploratory Laparotomy

Name of operation ...

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, state ...

(Signed) H. H. Rhoads, M. D.

(Address) 1403 Park Ave.

12177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12177

107-a

Registered No.

1. PLACE OF DEATH Home for Incurables St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Era Fox

(a) Residence: No. Corner Cecil Co Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) July 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John L. Montgomery

14. BIRTHPLACE (city or town) (State or country) Cecil Co- Md.

MOTHER

15. MAIDEN NAME Rachel J. McKay

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Emily Bachelet
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL Md
Place West Gatling Date Dec 28 1937

19. UNDERTAKER J. E. Syzn.
(Address) Pikesville, Md.

20. FILED Dec 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934 to December 25, 1937

I last saw her alive on December 24, 1937 Death is said to have occurred on the date stated above, at 9 00 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocardial failure with terminal bronchopneumonia	12/23/37
Other contributory causes of importance: arthritis, generalized, hypertrophic	1931

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? clinical lab methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Frank R. Smith Jr M. D.
(Signed) 1014 St Paul Street
(Address) Asst. visiting physician Home for Incurables

(over)

DEC 28 1937

F 12178 ✓ F 12178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St. 1559 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vera Botwinik

(a) Residence: No. 3811 Norfolk Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Botwinik

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Botwinik

(Address) 3811 norfolk

18. BURIAL, CREMATION, OR REMOVAL Pikesville Hebrew Cem. Rd. Dec 26 1937

19. UNDERTAKER Sol Furman Bus.

(Address) 1124 E N Northern

DEC 26 1937 Filed by Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of R. & L. Legs	
Shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Dec. 24, 1937

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Garrison & Springdale Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. Crossing Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Mullen M. D. Coroner

(Address) 2757 W Lexington

12179 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12179

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital) 12-20-59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Rock

If U. S. Veteran specify WAR

(a) Residence: No. Port Deposit, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William F. Rock

6. DATE OF BIRTH (month, day, year) 11/29/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 years		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Daniel Sener

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Susan Ferguson

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT C. P. Rogers
(Address) Ezod Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Ezod Date Dec 29 1937

19. UNDERTAKER C. P. Rogers
(Address) Ezod Pa

20. FILED DEC 26 1937 Registrar Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26 . 193

22. I HEREBY CERTIFY, That I attended deceased from 12/10/37 . 19 . to 12/26/37 . 19 .

I last saw her alive on Dec. 26, 1937. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas gangrene	12/25/37
Diabetic gangrene	not known
Diabetes	" "

Other contributory causes of importance:

Was an operation performed? yes Date of 12/27/37

For what disease or injury? diabetic gangrene

Name of operation mid thigh amputation, left

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — . 19 .

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so,

(Signed) C. Franklin Wheeler M. D.

(Address) Penna. Memorial Hospital

12180 HEALTH DEPARTMENT—CITY OF BALTIMORE 12180

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Sinai Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 15-13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Karasik

(a) Residence: No. 2601 Loyola Southway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Lefko
(Address)

18. BURIAL, CREMATION, OR REMOVAL 12-26-37
(Date)
Mt. Carmel

19. UNDERTAKER Jack Louis Levy
(Address) 1639 E. Baltimore St

20. FILED DEC 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24- , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21- 1937 to Dec-24- 1937

I last saw him alive on Dec 24- 1937. Death is said to have occurred on the date stated above, at 905 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type III (pneumococcus)	Dec 20-1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) Sinai Hospital

12181 E 12181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 12181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. #20 N. Patterson Pk Ave St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Benjamin Feldman
(a) Residence: No. #20 N. Patterson Pk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) Sept 15-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clock Mfg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Hyman Feldman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Frieda
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 12-26- 1937

19. UNDERTAKER Jack Deyo Inc.
(Address) 1439 E. Eutaw St.

20. FILED 12-26-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/37 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1937 to Dec. 25, 1937
I last saw him alive on Dec. 25, 1937. Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936.
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel D. Wolfe M. D.
(Address) 1331 E. North Ave

2182 E 12182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-e

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Mem. Hosp St., 27-30 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mr. Emanuel Salabes Hess
(a) Residence: No. 3807 Menlo Drive St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Alice R. Hess

6. DATE OF BIRTH (month, day, year) Sept. 4, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investment
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Securities 6086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Louis E. Hess
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Marie Salabes
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Louis Hess
(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cem. Dec. 27 1937

19. UNDERTAKER David Longshein & Son
(Address) 1902 Eutaw Place

20. FILED DEC 28 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1937 to Dec 25 1937
I last saw him alive on Dec. 25 1937 Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma	Feb.
Pleural effusion, right	Oct 27 '37
General metastasis	3 mos
Other contributory causes of importance:	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation biopsy of cervical gland.
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sunday M.D.
(Address) Union Memorial Hospital

F 12183 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12183

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto W. Hurley

If U. S. Veteran specify WAR

(a) Residence: No. 639 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Hurley

6. DATE OF BIRTH (month, day, year) Oct. 21, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Horace Hurley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alberta Fisher

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Grace Hurley

(Address) 639 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ebenezer Chapel Date Dec 27, 1937

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

DEC 25 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 24, 1937

Where did injury occur? 627 W. Fairmount Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street & Side Walk

Manner of injury Repairing Truck, It started

Nature of injury Caught, betwean truck and wall of Building at 627 W. Fairmount

24. Was injury at work? Was any other person responsible? (Name of deceased?) Yes If so, specify

(Signed) C. B. Crahan M. D.

Coroner

(Address) 2337 E. Lan

12181 F 12181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary L. Wandby

(a) Residence: No. 1119 N. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Robert Wandby

6. DATE OF BIRTH (month, day, year) May 25th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Isaac Crowell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Weber

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT LeRoy Wandby
(Address) 1230 Edison Highway

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evang. Cem. Date Dec 26 1937

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

19 ..... (Signature of Local Registrar)

DEC 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Embolism & Pneumonia	
Other contributory causes of importance: Myocarditis	none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenthen, M. D.
Coroner

(Address) 1717 E. North Ave

12185

HEALTH DEPARTMENT—CITY OF BALTIMORE

12185

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1821 N. Port St., 8-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roy S. Etchberger

If U. S. Veteran specify WAR

(a) Residence: No. 1821 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Etchberger

6. DATE OF BIRTH (month, day, year) Jan. 15, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Warren Etchberger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Marshall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Johanna Etchberger
(Address) 1821 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemt. Date Dec. 27, 1937

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

20. FILED ..., 19...
Registrar.

DEC 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 6-7-, 1937, to 12-24-, 1937

I last saw him alive on 12-24-, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	6-7-37
Other contributory causes of importance: Cerebral Apoplexy	6-7-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton C. Haug M. D.

(Address) 2117 Belair Rd

F 42186

42186 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5415 Reisterstown Road St., 27-18 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM H. BELL

If U.S Veteran specify WAR

(a) Residence: No. 5415 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida J. Bell

6. DATE OF BIRTH (month, day, year) Oct, 28th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marketman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry. Dealer

10. Date deceased last worked at this occupation (month and year) Dec. 2 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Greasley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Miss Cunsings

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Elizabeth Bell

(Address) 5415 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid [illegible] Date Dec, 27th 1937

19. UNDERTAKER J. W. Amoreau

(Address) [illegible] Baltimore St.

20. FILED DEC 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24th. 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 16. 37 to Dec. 24 37

I last saw him alive on Dec 24 1937 Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec. 16. 37
Other contributory causes of importance: Carcinoma of Rectum.	Dec 37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X ray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. Hobart Reed. M. D.

(Address) 2502 Calverton Heights Ave.

F 42187 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42187

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 974 Franklintown Road St. 16-6 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Sims

If U.S. Veteran specify WAR

(a) Residence: No. 974 Franklintown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clellie E. Sims

6. DATE OF BIRTH (month, day, year) April 7, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Dry Dock

10. Date deceased last worked at this occupation (month and year) December 11, 1937

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Sims

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Clellie Sims
(Address) 974 Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 27 1937

19. UNDERTAKER E. R. Amoroso
(Address) 1005 E. Baltimore St.

20. FILED DEC 26 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13th, 1937, to Dec. 23rd, 1937

I last saw him alive on Dec. 22nd, 1937 Death is said to have occurred on the date stated above, at 3:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
	1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert C Reitzel M. D.

(Address) 2245 Reisterstown Road

12188

HEALTH DEPARTMENT—CITY OF BALTIMORE

12188

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 N Caroline St) (Ward) 9-9

Length of residence in city or town where death occurred ... yrs. Lifetime mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Morwood

(a) Residence: No. 1504 N. Caroline St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 - 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	3+	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm E. Morwood
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine J Casey
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Wm E. Morwood 1504 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 12/28/37

19. UNDERTAKER (Address) Chas E Byrnes & Son 118 W. Mt Royal Ave

20. FILED ..... 19 ..... Registrar

DEC 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1937 to Dec 25 1937

I last saw her alive on Dec 25 1937 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset

Other contributory causes of importance:

Bronchial-Asthma
Ch Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur C Mannings M. D.

(Address) 800 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

2189 — 23 — E 42189

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 9-8 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Jerome J. O'Brien

(a) Residence: No. 531 E. 23rd St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) August 18, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Pat O'Brien

14. BIRTHPLACE (city or town) (State or country) Cook, Ireland

MOTHER

15. MAIDEN NAME Katherine Flaherty

16. BIRTHPLACE (city or town) (State or country) Cook, Ireland

17. INFORMANT Records - U. S. Marine Hospital,
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12-27 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ... Registrar

DEC 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1937 to December 24, 1937
I last saw him alive on December 24, 1937. Death is said to have occurred on the date stated above, 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1921
Pneumoconiosis (anthracosilicosis)	unknown

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. S. Lawlor, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

F 12190 ✓ F 12190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 W Fayette St. 20-V Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME Rosa C Feick

(a) Residence: No. 2132 W Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian Feick

6. DATE OF BIRTH (month, day, year) 5-14-1860.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Casper Krug

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Christian Feick

(Address) 182 W Lombard.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12-27 , 19 37

19. UNDERTAKER Raymond Kaufman

(Address) 921 Linden Ave

20. FILED Dec 27 , 19 37 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 , 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 24
Other contributory causes of importance:	

Was an operation performed? No. Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ , 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how _____

(Signed) H. Hamm Coroner M. D.

(Address) 952 W Baltimore St

LE 1937

12191 33 9/15

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 42191

CERTIFICATE OF DEATH

84-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 26-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace M. Robinson

(a) Residence: No. 4228 E. Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/24/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas Robinson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Freburg

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Phy. 12/27, 1937

19. UNDERTAKER John A. Myler
(Address) 2357 Gilmor St.

20. FILED 12/28 1937 Registrar Huntington Edwards, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937, to Dec 23, 1937.
I last saw her alive on Dec 23, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral defect — Date of onset Birth
Otitis media — 12-20-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hosp.

12192 F 42192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3812 Woodbine Ave St., 28 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Ena Kalf Boettinger
If U. S. Veteran specify WAR

(a) Residence: No. 3812 Woodbine ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm G. Boettinger

6. DATE OF BIRTH (month, day, year) June 19, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Michael Kalf
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Barbara Metzig
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm G. Boettinger
(Address) 3812 Woodbine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 27, 1937

19. UNDERTAKER Morton Taylor & Son
(Address) 1837 E. Monument St.

Filed DEC 28 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance: Temporarily mentally deranged

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec. 22, 1937
Where did injury occur? 3812 Woodbine ave,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Gas from jet in bath room
Nature of injury Gas poisoning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Kann, Coroner M. D.
(Address) 12 E. Lexington St.

VS 6

42193 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42193

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — St. Joseph's Hospital 3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — George Krug — If U. S. Veteran specify WAR

(a) Residence: No. 119 N Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 6th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	78	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Broom Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Balto. Md

FATHER

13. NAME — John Krug

14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER

15. MAIDEN NAME — Amelia C. Mear

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT (Address) — Mr. Middleton 3608 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL — Place Mt Carmel Date 12/27/37

19. UNDERTAKER (Address) — Mr. Pabst & Son 2503 Edmondson Ave

20. FILED 12 26 1937 — Huntington Pollack, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-18-1937 to 12-24-1937.

I last saw him alive on 12-24-1937 Death is said to have occurred on the date stated above, at 3 55 p. m.

The principal cause of death and related causes of importance were as follows:

Infectious arthritis, Rt. Knee — Date of onset 11-1-37

Cystitis — 12-1-37

Other contributory causes of importance:

Chronic Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilbert E. Linhaus, M. D.

(Address) St. Joseph's Hospital

12194 E 12194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19 ..

19. UNDERTAKER Harry H. Lutzke
(Address)

20. FILED DEC 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 193 7

22. I HEREBY CERTIFY, That I attended deceased from October 6 1937 to December 23 1937

I last saw her alive on December 23 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs.
	4 mo.
	30 ds.
Other contributory causes of importance:	
Acute Bronchitis terminal	7 days
Uraemia.	2 hrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Albert Greiter M. D.

(Address) 7025 North Charles St.

12195 E 12195

HEALTH DEPARTMENT—CITY OF BALTIMORE

22-181

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St., 12th A. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorsey Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. Marriottsville, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/6/1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME Ike Williams

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Nettie Dorsey

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT (Address) Self.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminsterly Cem. Date Dec 26 37

19. UNDERTAKER (Address) Easton Sons Ellicott City.

20. FILED Dec 27 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/37

22. I HEREBY CERTIFY, That I attended deceased from 12/17/37 to 12/24/37

I last saw him alive on 12/24/37. Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tentanus	12/23/37
Other contributory causes of importance: First Second & Third Degree Burns of Both Thighs & Legs	12/17/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

Dr. George S. Allen Coroner's Phys.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-12, 1937

Where did injury occur? Marriottsville Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was hanging clothes & was ignited from clothes.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert A. Lafont M. D.

(Address) 822 N. Bond Street

96

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 42196

1. PLACE OF DEATH City of Baltimore T2-2 53-B

County ... Registration Dist. No. ...

Village or City Baltimore No. 2 Sobbett 3409 Gruenmore St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Jane Munden If U. S. Veteran, specify WAR ...

(a) Residence: No. 3409 Gruenmore St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Shipman Munden

6. DATE OF BIRTH (month, day, and year) Sept 1 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Fentress

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Adelaide Tillery

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT (Address) Wm. N. Munden Jr. 3409 Gruenmore

18. BURIAL, CREMATION, OR REMOVAL Place Harry Camp Ga Date 12/26 1937

19. UNDERTAKER (Address) Fullerton Co 1317 St Paul St

20. FILED ... 19 ... Registrar

C 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 24 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to Dec 24 1937.

I last saw her alive on Dec. 14 1937, death is said to have occurred on the date stated above, at 1614 a m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1/37
Other Contributory Causes of importance: Anemia	1937

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. F. Fraser M. D.

(Address) 1401 Fairview Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 42197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42197

CERTIFICATE OF DEATH

95-B #29187

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peacock, Louis Jackson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 411 N Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/2/1856 ? 6/11/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81 ? 78	81?	6 6	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman unk. post

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Samuel Racock

14. BIRTHPLACE (city or town) Balto., Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Sexton

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Dec 28th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED , 19 Registrar.

DEC 26 1937 Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937 to December 24, 1937

I last saw him alive on December 24, 1937. Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Del Vecchio M. D.

(Address) Baltimore City Hospitals

12198 ✓ F 12198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-8 Ward) 8

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore H. Hoeflich

(a) Residence: No. 5817 Halwyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

W

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustine Hoflich

6. DATE OF BIRTH (month, day, year): Oct. 12, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: ? Hoeflich

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Adolph Hoeflich
(Address): Parkvill Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 12-4-37

19. UNDERTAKER: Wilhelm
(Address): 2119 E. Fayette

20. FILED [illegible] Registrar

DEC 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Dec. 24, 1937
Where did injury occur? Balona & York Rd.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Crossing Street Struck by Auto.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 2757 [illegible]

Spec. 1-10-21—MAT—1500 Blks.

42199 ✓ F 42199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-A

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N. Monroe ST. 15-2 WARD)

2-FULL NAME Mrs. Mary Agnes Drummey.

(a) RESIDENCE NO. 1813 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. Drummey.

6 DATE OF BIRTH (month, day, and year): May 12. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Boston Massachusetts

PARENTS

10 NAME OF FATHER: Michael Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Elija Fahey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Husband and daughter

(Address) 1813 N. Monroe St.

15 Filed DEC 28 1937, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1937, to Dec 24 1937.

that I last saw her alive on Dec. 23, 1937,

and that death occurred, on the date stated above, at 12-55 P.M.

The CAUSE OF DEATH* was as follows:

Rheumatism Muscular.

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Myocarditis Acute

(duration) yrs. — mos. 3 ds.

18 Where was disease contracted (if not at place of death)? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? None

What test confirmed diagnosis? Clynical Methods

(Signed) George C. Shannon, M. D.

12/24, 1937 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Com

DATE OF BURIAL: 12/26 1937

20 UNDERTAKER: Vera Lemmon

ADDRESS: 4611 Park Heights

12200 HEALTH DEPARTMENT—CITY OF BALTIMORE 12200

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~435~~ 435 E. 25th St., ~~7~~ 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. McGrain

If U. S. Veteran specify WAR

(a) Residence: No. 435 E. 25th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. McGrain

6. DATE OF BIRTH (month, day, year) Oct. 13, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman & Watchman

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John McGrain

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katharine Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mildred R. McGrain.
(Address) 435 E. 25 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/27, 1937

19. UNDERTAKER Vernon Lemmon
(Address) 461 Park Heights

20. FILED DEC 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to Dec. 24, 1937

I last saw h. w. alive on Dec. 23, 1937 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular disease (Arteriosclerosis)	
Other contributory causes of importance: Coronary thrombosis	Dec 24

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank M. Parke M. D.

(Address) 2431 Maryland Ave

M. D. R. 1268-9

12201 V F 12201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH 4407 Greenwood Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 27-10 Ward)

Length of residence in city or town where death occurred 14 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Viola Engle

(a) Residence: No. 4407 Greenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fallston Md.

FATHER

13. NAME Leroy Gladstone Engle

14. BIRTHPLACE (city or town) (State or country) Fallston Md.

MOTHER

15. MAIDEN NAME Lillian Viola Walker

16. BIRTHPLACE (city or town) (State or country) Fallston Md.

17. INFORMANT Ethan A. Engle

(Address) 4407 Greenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lloyd Ship Date Dec 25 1937

19. UNDERTAKER Stonebraker & Sons.

(Address) Baltimore Md.

DEC 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1937 to Dec. 24 1937

I last saw her alive on Dec. 24 1937 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	12/17/37
General anasarca	?
Other contributory causes of importance:	
chr. nephritis	1933
hypertension	1935

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. Dolinsek, M. D.

(Address) 447 N. Kenwood Ave.

12202 HEALTH DEPARTMENT—CITY OF BALTIMORE V 12202

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 E. Lanvale St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Chas. H. Thurmond

(a) Residence: No. 311 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Nellie Thurmond

6. DATE OF BIRTH (month, day, year) July '76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Machinist W.P.A. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): May 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Forsyth Ga.

FATHER

13. NAME: Archibald T. Thurmond

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Bethenia Sanders

16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT: D. C. Wilkins
(Address) 327 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Macon Ga. Date 12/24 1937

19. UNDERTAKER: Wm. Cook
(Address) 1217 St. Paul St.

DEC 26 1937 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
2	
Other contributory causes of importance:	
3	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Wolfe Coroner M. D.

(Address) 133 E. North Ave

12203 E 12203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 2 8 - 7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Roberson Mooney

If U. S. Veteran specify WAR ✓ Revised

(a) Residence: No. 5102 Norwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J. Mooney

6. DATE OF BIRTH (month, day, year) January 12-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 37

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saint Mary's County Maryland

FATHER

13. NAME James Roberson

14. BIRTHPLACE (city or town) (State or country) Prince Georges County Maryland

MOTHER

15. MAIDEN NAME Mary Buehler -

16. BIRTHPLACE (city or town) (State or country) Saint Mary's County Maryland

17. INFORMANT Son - Paul K. Mooney

(Address) 5102 Norwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 12/28 1937

19. UNDERTAKER William Cook

(Address) 1219 St Paul St

20. FILED ..... 19.....

Registrar

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) December 25 1937

22. I HEREBY CERTIFY, That I attended deceased from December 25 1937 to December 25 1937

I last saw h.. alive on December 25 1937 Death is said to have occurred on the date stated above, at 11⁰⁰ p m.

The principal cause of death and related causes of importance were as follows:

Streptococcic meningitis otitis media - Rt ear — Date of onset 12/24/37 "

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Harry S. Limbel M. D.

(Address) Sydenham Hospital

12201 F 12201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 1-2. Registered No. 108

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 Days yrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Colonel George R. Greene If U. S. Veteran specify Spanish American War

(a) Residence: No. 101 W. Monument St Mt. Vernon Apts. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Greene

6. DATE OF BIRTH (month, day, year) Oct. 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Colonel U.S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Cairo N.Y.

FATHER

13. NAME Wm E. Greene

14. BIRTHPLACE (city or town) (State or country) Cairo N.Y.

MOTHER

15. MAIDEN NAME Amanda Ross

16. BIRTHPLACE (city or town) (State or country) Cairo N.Y.

17. INFORMANT Josephine Greene Cairo N.Y.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cremation, London Rd Date 12/27/37

19. UNDERTAKER Wilbur Cook (Address) 1219 E. Fort Ave

20. FILED ..... 19 ..... Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1937 to 12-25 1937

I last saw h. alive on Dec 25 1937 Death is said to have occurred on the date stated above, at 11:31 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	12-19
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum Type III Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Garland H. Williams M. D.

(Address) Md. General Hospital

F 12205

12205 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 W. Lanvale St. 16-4 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bennett Inderrieden If U.S. Veteran specify WAR No Record

(a) Residence: No. 2024 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Edith Gertrude Inderrieden

6. DATE OF BIRTH (month, day, year) Jan 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PERSONAL AND FAMILY HISTORY

13. NAME Chas F. Inderrieden

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura Bennett

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Edith G. Inderrieden

(Address) 2024 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 29th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 [illegible] Registrar

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1937 to Dec 26 1937

I last saw h[illegible] alive on Dec 25 1937. Death is said to have occurred on the date stated above, 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis. — Date of onset

Other contributory causes of importance:

Left Hemiplegia
Arteriosclerosis.

Was an operation performed? none Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E. Shamer M. D.

(Address) 700 N. Fulton Ave

42206 E 42206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Chateau Ave St., 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Schlatter

If U. S. Veteran specify WAR No Record

(a) Residence: No. 528 Chateau Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E Schlatter

6. DATE OF BIRTH (month, day, year) April 5 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 12/24/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christian England

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Seifert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward E. Schlatter

(Address) 528 Chateau Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 28th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 19 Registrar

V S 6

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1912 Madison Ave

12207 F 12207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3628 Old York Rd. Ward) 9-3 Pimlico

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Chas Hilford R Rinehart

If U. S. Veteran specify WAR

(a) Residence: No. 3628 Old York Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Elizabeth R Rinehart

6. DATE OF BIRTH (month, day, year) Dec. 31, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME John Rinehart

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Edith Rinehart

(Address) 3006 Finsby Av

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Dec. 27 1937

19. UNDERTAKER Jersey Stock Sons, Inc

(Address) 304 E. Fayette St

20. FILED 19 Registrar

1937 1338

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation & Burns Flames	12/25/37

Other contributory causes of importance: None apparent

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 12/25 1937

Where did injury occur? 3628 Old York Road

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Burned while on fire

Nature of injury Burns originating in clothes

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John N Evans M. D.

Coroner

(Address) 612 N 40 St

122208 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 122208

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 512 W. Mulberry St 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francesco Glorioso — If U. S. Veteran specify WAR .....

(a) Residence: No. 512 W. mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Minnie glorioso

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0143

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Glorioso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosaria Liberto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Mary Tummineello (daughter)
(Address) 4924 Chalgrove ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Redeemer Date Dec. 27 37

19. UNDERTAKER Albert D. W. Dempsey
(Address) 440 E. Monument St

20. FILED 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937 to Dec 23, 1937

I last saw h[illegible] alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Ethanesia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Luigi D. DiStefano M. D.
(Address) 407 N. Eutaw St

M. D. B. 1268-9

12209 F 12209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2500 Hollins Ferry Rd (Ward) 25-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Boyle

(a) Residence: No. 2500 Hollins Ferry Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Widow

5a. If ~~married~~, ~~widowed~~, or ~~divorced~~ (or) WIFE of Late Jas. Boyle

6. DATE OF BIRTH (month, day, year) Oct 25 1882

7. AGE: Years 55 | Months 2 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Schultz

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Maggie Hemlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Mandell

(Address) 1127 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL Loudon Pk Cem Date 12/27/37

19. UNDERTAKER Geo H. Leimbach

(Address) 1538 N Eutaw St

20. FILED [illegible] Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1937 to Dec 24, 1937

I last saw her alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	12-24-37
Strangulated Femoral Hernia	12-3-37

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation Herniorrhaphy Date of 12-11-37

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Tulane M. D.

(Address) 632 Washington Blvd

12210 E 42210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Burkindine

(a) Residence: No. 2001 E. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Donald Burkindine

14. BIRTHPLACE (city or town) (State or country) Harford County, Md.

MOTHER

15. MAIDEN NAME marian Clomon

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kingsville Md Date 12/27 19 37

19. UNDERTAKER Durward L. Covington
(Address) 21 W. 25th St.

20. FILED ... 19... Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1937, to 12-25, 1937.

I last saw him alive on 12-25, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of the Heart	Birth
Other contributory causes of importance: Acute Heart Failure	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R. K. Williams, M. D.

(Address) BCH

12241 (Ex. Nelson - 2757 W North Ave) F 42211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-3 V 94-8

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary R. Kratz.

(a) Residence: No. 1421 Light St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Kratz.

6. DATE OF BIRTH (month, day, year) December 25, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	29 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Riley.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ida Lewis.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Herman Kratz.
(Address) 1421 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 28, 1937

19. UNDERTAKER Thanhouser Co.
(Address) 3615-17 Chestnut Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2757 W North Ave

212 33908 F 12212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-5 V 53c

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gordon Lane

(a) Residence: No. 1836 N. Caste St., 81 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/26

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Lane

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dorothy Mueller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Park Date Dec 27, 1937

19. UNDERTAKER John Ahearn
(Address) 2002 Ashburton

20. FILED ..... 19..... Registrar

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937 to Dec 24, 1937

I last saw him alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor (Brain) Malignant	
Other contributory causes of importance:	

Was an operation performed? Dec 22, 1937 Date of

For what disease or injury? Cerebellar (Brain) Tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Thomas Mason M.D.

(Address) Johns Hopkins Hospital

12213 F 12213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 12-25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Ross

If U.S. Veteran specify WAR

(a) Residence: No. Jefferson Apts. 4 E 32nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-21-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
[redacted]		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Raymond Ross

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Ann Southard

16. BIRTHPLACE (city or town) (State or country) Danville, Va

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Strieker's Lot Date 12-23 19[illegible]

19. UNDERTAKER

(Address)

20. FILED DEC 23 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1937, to 12-21-, 1937

I last saw him alive on 12-21-, 1937. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H Peckham M.D.

(Address) 3525 Maryland Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12214

CERTIFICATE OF DEATH

V 93-C F 12214

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4624 Asbury Ave. St. 26-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY A. DOYLE

If U. S. Veteran specify WAR

(a) Residence: No. 4624 Asbury Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar.1.1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rosanna Delen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary A. Cranston (Niece)

(Address) 4624 Asbury Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Dec.28.1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander

(Address) Baltimore & Broadway.

20. FILED DEC 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.25.1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 . 1937 to Dec 25 . 1937

I last saw her alive on Dec 25 . 1937 Death is said to have occurred on the date stated above, at 1.10p. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic.	
Senility.	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Harding M. D.

(Address) 4810 Belair Rd.

12215 E 12215

12215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 48

Registered No. 10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Liberty Hgts Ave St., 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Schantz

If U. S. Veteran specify WAR

(a) Residence: No. 4011 Liberty Hgts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (~~HUSBAND of~~ or) WIFE of Mr. Benjamin Schantz

6. DATE OF BIRTH (month, day, year) March 2 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Frost

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 12/27/37

19. UNDERTAKER Geo. Lewis & Sons
(Address) 1433 E. Baltimore St.

20. FILED 19 Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to December 24 1937

That I last saw him alive on December 24 1937 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus with metastasis to Vagina	about 1934
Other contributory causes of importance	

Was an operation performed? No. Date of Feb 1937

For what disease or injury? Carcinoma of uterus

Name of operation Complete hysterectomy

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon Bloom M. D.

(Address) Med. Arts Bldg.

12216 F 12216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Fulton & Caton Aves. St., 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Henry Schoen

(a) Residence: No. 1238 Cleveland St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Painter 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Philip Schoen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Hofmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Schoen

(Address) 1238 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 28 1937

19. UNDERTAKER Jos Jordan & Son

(Address) 201 S Paca St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-24-1937 to 12-25-1937

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-22-37
Chronic Glomerular Nephritis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J Shumaker M. D.

(Address) St Agnes Hospital

12217 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12217

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie Matthews

If U. S. Veteran specify WAR

(a) Residence: No. 1067 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) [redacted] 23, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME James Matthews

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Savoy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Savoy
(Address) 310 N Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/28/37

19. UNDERTAKER Joseph L. Brown & Son
(Address) 10 W Montgomery St

20. FILED ..... 19..... Registrar.

DEC 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1937 to 12-27, 1937

I last saw her alive on 12-24, 1937 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible tuberculous pericarditis & pleuritis, bilateral	Unknown

Other contributory causes of importance: None

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Irving Freeman M. D.

(Address) University Hospital.

12218 12218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12218 122-a

1. PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. S. 14th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Moore If U. S. Veteran specify WAR

(a) Residence: No. 2143 Druid Hill St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/4/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME Alfred Downs

14. BIRTHPLACE (City or town) (State or country) M.D.

MOTHER

15. MAIDEN NAME Mary Tuppe

16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

17. INFORMANT E. Parker Moore (Address) 2027 Kelly ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 12-27 1937

19. UNDERTAKER William A Jackson (Address) 916 Pine st

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1937 to Dec 27 1937

I last saw h alive on Dec 27 1937 Death is said to have occurred on the date stated above, at 8.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/22/37
Other contributory causes of importance Intestinal obstruction	12/19/37
Amputation Hemiplegia	10/21/37

Was an operation performed? Yes For what disease or injury? Incarcerated Hernia

Name of operation Herniotomy What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) Wm. Thos. Higgins M. D.

(Address) 22 E 33 St

12219 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12219

CERTIFICATE OF DEATH √ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Jefferson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1825 Ravenaugh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caeser Jefferson

6. DATE OF BIRTH (month, day, year) 1905 (?)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Days' work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Nov. 1937. | 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Greenville, So. Carolina

FATHER

13. NAME Joseph King

14. BIRTHPLACE (city or town) (State or country) So. Carolina

MOTHER

15. MAIDEN NAME Almeda ? (King)

16. BIRTHPLACE (city or town) (State or country) So. Carolina

17. INFORMANT Brother - Joseph King

(Address) 1116 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec 28 '37

19. UNDERTAKER T. E. Kelson

(Address) 1203 Presstman St

20. FILED ... 19... Registrar

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937, to Dec 24, 1937.

I last saw her alive on Dec. 23, 1937. Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

1. Acute Intestinal Obstruction
2. Terminal Peritonitis (?)

Date of onset

Other contributory causes of importance:

Intra-abdominal adhesions.

Edematous intestine

Was an operation performed? Yes Date of Nov. 20, 1937

For what disease or injury? Acute Intestinal Obstruction

Name of operation Jejuno-colostomy. (Resection bowel)

What test confirmed diagnosis Clin. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry L. Rigdon M. D.

(Address) University Hosp.

12220 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12220

CERTIFICATE OF DEATH

✓ 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robinette Rice

If U. S. Veteran specify WAR .....

(a) Residence: No. 5205 Denmore ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert Rice

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virgie DeCoursey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Virgie Rice.
(Address) 5205 Denmore ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemy Date 12/27 37

19. UNDERTAKER T. E. Kelson
(Address) 1303 Pulaski St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Dec 23 1937

I last saw her alive on Dec 23 1937 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lipoid Nephrosis complicated by Pneumococcus Peritonitis	
Other contributory causes of importance: Toxemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify Infant

(Signed) Henry L. Rigdon, M. D.

(Address) Univ. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12221

CERTIFICATE OF DEATH

V 131 F 12221

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Owens Sr.

(a) Residence: No. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Chas Owens Sr.
14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

17. INFORMANT (Address) Undertaker 102 E. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville Md Date 12/27/37

19. UNDERTAKER T. E. Kelson
(Address) 1303 Pressman St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 12-, 19 37, to 12-23-, 19 37, I last saw h[illegible] alive on 12-23-, 19 37, Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 1 day

Other contributory causes of importance:
Unknown — Date of onset 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.
(Address) 1029 Stricker St.

12/28/37 Verified over telephone with Dr Saunders by J Rodrigo
Autopsies not on file as per with Health Dept

F 42222

42222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hadden Ave Woodbrook St. 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Benedict Crawford

(a) Residence: No. Fayetteville, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Blanche B. Crawford

6. DATE OF BIRTH (month, day, year) June 4th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orchidist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Crawford Bros.

10. Date deceased last worked at this occupation (month, day, year) Dec 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Fayetteville, Pa.

FATHER

13. NAME Walter B. Crawford

14. BIRTHPLACE (city or town) (State or country) Fayetteville, Pa.

MOTHER

15. MAIDEN NAME Catherine E. Benedict

16. BIRTHPLACE (city or town) (State or country) Chambersburg, Pa.

17. INFORMANT Mrs Blanche B. Crawford

(Address) Fayetteville, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg, Pa. Date Dec 29th 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26. 1937

22. I HEREBY CERTIFY, That I last charged of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 10.16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. Kaufman Bruce M. D.
Coroner

(Address) 216 Main St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 12223

CERTIFICATE OF DEATH

53-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Joseph Mister

If U. S. Veteran specify WAR

(a) Residence: No. 3637 Elderslie Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie K. Mister

6. DATE OF BIRTH (month, day, year) 7/26/86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore, Maryland

13. NAME Jacob Mistler

14. BIRTHPLACE (City or town) (State or country) Md.

15. MAIDEN NAME Susan Bell

16. BIRTHPLACE (City or town) (State or country) Carroll Co. Md.

17. INFORMANT Nurse
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 29, 37

19. UNDERTAKER Wm J Tribbett & Son
(Address) North Ave

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1937 to Dec 26, 1937

I last saw him alive on Dec. 26, 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanosarcoma with multiple, widespread, metastases	? Dec 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify .....

(Signed) Sanford Sanger, M. D.
(Address) Johns Hopkins Hospital

12221

HEALTH DEPARTMENT—CITY OF BALTIMORE

12221

CERTIFICATE OF DEATH

V48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Reisterstown Rd St., 15-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Jennings Isaac

If U. S. Veteran specify WAR

(a) Residence: No. 2730 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Horace Isaac

6. DATE OF BIRTH (month, day, year) Aug 9-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elliott City Md

FATHER

13. NAME William E Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Marley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Horace Isaac
(Address) 2730 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Dec 27 1937

19. UNDERTAKER Mr Jackson & Sons
(Address) Balto

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to June 24 1937

I last saw h alive on June 24 1937. Death is said to have occurred on the date stated above, at 7.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	March
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 1935 & Nov 24/37

For what disease or injury? Carcinoma of Uterus

Name of operation Removal of Head of uterus

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred C Jewett M. D.

(Address) 2516 Penn. Ave

42225 F 42225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME W. Hebert Hammersley

If U. S. Veteran specify WAR

(a) Residence: No. 3909 Dorchester Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 28, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm N. Hammersley

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER

15. MAIDEN NAME Virginia Magers

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Miss Olive Hammersley

(Address) 3909 Dorchester Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 27 37

19. UNDERTAKER Wm Fichter & Sons

(Address) North & Pa aves.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1937 to Dec 24, 1937

I last saw him alive on Dec. 24 1937. Death is said to have occurred on the date stated above, at 2 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular renal disease - & cardiac hypertrophy & dilatation	
Other contributory causes of importance: Intracerebral hemorrhage	12/23/37

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) W. J. Nicholson, M. D.

(Address) University Hosp

F 12226

2226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28766 JS

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Dell Forgle (Farogotis)

(a) Residence: No. 1107 Orleans St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Farogotis) Vito Forgle

6. DATE OF BIRTH (month, day, year) 12-25-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/27/37 19 .

19. UNDERTAKER George D. Ruth, Inc.
(Address) 235 Harford Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2 ..... 19 37 to 12-24 ..... 19 37

I last saw h. alive on 12-24 ..... 19 37 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder & metastasis to liver	?

Other contributory causes of importance:

Was an operation performed? yes Date of 12-21-37

For what disease or injury? Carcinoma of gall bladder

Name of operation Cholecystectomy

What test confirmed diagnosis? Genital Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. C. Brannigan M. D.

(Address) Resident Surgeon City Hosp.

F 42227

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.) (2-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Robert H. Day

(a) Residence: No. 229 Prospect Ave., St., Lake Bluff, Ill. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verna L. Botiger

6. DATE OF BIRTH (month, day, year) Nov. 7, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Tide & News Service C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville Ill.

MOTHER FATHER

13. NAME Henry H. Day

14. BIRTHPLACE (city or town) (State or country) Jacksonville Ill.

MOTHER

15. MAIDEN NAME Sarah Sylvester

16. BIRTHPLACE (city or town) (State or country) Springfield Ill.

17. INFORMANT Mrs. Verna B. Day

(Address) Lake Bluff, Ill.

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Chicago, Ill.~~ Rosehill Cemetery Date 12/27 1937

19. UNDERTAKER Henry L. Meyer Son

(Address) 208 N. Eutaw St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Type 1

Contributory

Date of onset 12/17/37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Evans Coroner M. D.

(Address) Coroner

Via Pennsylvania Railroad Escort - Mrs. Robert H. Day

M. D. B. 1268-9

12228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

156-BF 12228

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. 42 N. Morley St. 70-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nate Haines

(a) Residence: No. 42 N. Morley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. L. Haines

6. DATE OF BIRTH (month, day, year) Jan. 29, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Eugene Justice

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Geo. E. Haines 42 Morley St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 12/27, 1937

19. UNDERTAKER (Address) Richard F. Cowley 700 E. North Ave.

20. FILED DEC 7 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1937 to 12-27, 1937

I last saw h[illegible] alive on , 19 Death is said to have occurred on the date stated above, at 12 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myasthenia Gravis	12/18/37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumaniuk, M. D.

(Address) St Agnes Hospital

(12229) (12229)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. 17-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 E. LaFayette Ave St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Anita Leitrich

(a) Residence: No. 215 E LaFayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Myles Leitrich

6. DATE OF BIRTH (month, day, year) April 24 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Dec 25, 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Charles H Leonard

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Cora Lena Wright

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

17. INFORMANT (Address) Earl A Leonard St Michaels, Md

18. BURIAL, CREMATION, OR REMOVAL Place Easton Md Date 12/17/32

19. UNDERTAKER (Address) Newnam & Harrison St Michaels Md.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 . 1932

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1926
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe Coroner . M. D.

(Address) 131 E North Ave

V S 6

12230

HEALTH DEPARTMENT—CITY OF BALTIMORE

12230

CERTIFICATE OF DEATH

V 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 E Balto St., 7-2 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Lodden

(a) Residence: No. 1737 E Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Late Nathan

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) — 1927

11. Total time (years) spent in this occupation — D

12. BIRTHPLACE (city or town) (State or country) — Russia

FATHER

13. NAME — Yosse Chmiel

14. BIRTHPLACE (city or town) (State or country) — Russia

MOTHER

15. MAIDEN NAME — Mildred Yankelff

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — Mrs Goldie Caplan

(Address) 2514 E Baltoot

18. BURIAL, CREMATION, OR REMOVAL

Place Harring Run Date Dec 27 37

19. UNDERTAKER — Sol Levinson & Bro

(Address) 1124 N Howard

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to Dec 26, 1937

I last saw her alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder (and G. I Tract)	

Other contributory causes of importance:

Was an operation performed? NA Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray etc. Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Lupkin M. D.

(Address) 2338 Eutaw pl.

12231 F 12231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 70-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Madden Croft

(a) Residence: No. 255 S. Fondon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 24, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chas. H. Croft

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary J. Kreiger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. H. Croft
(Address) 255 S. Fondon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Md 12/29/37

19. UNDERTAKER Eugene A. Fuller
(Address) Fuller & Zapatka

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schaefer M. D.
Coroner

(Address) Balto., Md.

VS 6 / 1937 Form 10-a-Ten Hollister, Ohio

F 12232

F 12232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-6 V161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U.S. Veteran specify WAR ...

2. FULL NAME Baby Shenk SHENK

(a) Residence: No. 3044 Edgewood Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 12/20/27

DATE OF BIRTH (month, day, year) 11/27/37			
7. AGE Years	Months	Days	If LESS than 1 day, 20 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Mrs. John Shenk

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lorraine Lauchat

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 12/27/37

Gouldon Pub Cem

19. UNDERTAKER Geo A Fegeley Funeral Service

(Address)

Registrar

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1937 to 12/25/37, 1937. Death is said to have occurred on the date stated above, at 2. AM m.

The principal cause of death and related causes of importance were as follows:

Massive atelectasis of right lung c atelectasis of lower left lung

Date of onset 12/24/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. J. Juljanelle M.D.

(Address) Bon Secours Hospital

42233 7-42233 42233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Stanton

(a) Residence: No. 1022 Lamont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/5/~~27~~27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leslie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Beatrice Copper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/27, 19

19. UNDERTAKER Rayner Bender
(Address) 1413 E. Fenton St.

20. FILED Dec 27, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by Bichloride of Mercury	3 days,
Uraemia, Complicating Nephritis Acute	
Other contributory causes of importance Undetermined as to how poisoned	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ^ Date of injury 12-2-37, 19
Where did injury occur? Lack of evidence to determine at present time.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Poisoned
Nature of injury Nephritis Acute

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. W. Wood, Coroner, M. D.
(Address) 171-N. Bond St.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

12233 #29062 ✓ 107-a SF

CERTIFICATE OF DEATH

12233

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 74 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Stanton

(a) Residence: No. 1022 Lamont Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 11/5/27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Leslie

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Beatrice Copper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 12/27/37

19. UNDERTAKER Layna Sanitarium

(Address) 1413-E Preston St.

20. FILED ..... 19..... Registrar.

12/27/37 Balto. City Hospitals

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/37

22. I HEREBY CERTIFY, That I attended deceased from 12/13/37, 1937, to 12/16, 1937

I last saw h.. alive on 12/16, 1937. Death is said to have occurred on the date stated above, at 12:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	?
Other contributory causes of importance: Bronchopneumonia Ulcerative colitis (?)	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? N.P.W. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Earl Kahan, M. D.

(Address) Balto. City Hospitals

12231 HEALTH DEPARTMENT—CITY OF BALTIMORE 12231

CERTIFICATE OF DEATH V 34-82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hosp Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Emmett Carter
(a) Residence: No. 805 Mc Donough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isabelle Carter
6. DATE OF BIRTH (month, day, year): June 18-1908
7. AGE: Years 29; Months 6; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clover Va

MOTHER FATHER
13. NAME: Henry Carter
14. BIRTHPLACE (city or town) (State or country):
15. MAIDEN NAME: Catherine Coleman
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Isabelle Carter
(Address) 805 Mc Donough St
18. BURIAL, CREMATION, OR REMOVAL: Place Arbutus Mem-Pk Date 12-29 1937
19. UNDERTAKER: Mrs. R. E. Elliott-Daughter
(Address) 1125 E. Caroline St
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-25 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquest) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquest) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12-25-37
Other contributory causes of importance:	

Was an operation performed? — Date of
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) George L. Allen M. D.
(Address) 50 E. Lexington St

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12235 23 F 12235

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 W Montgomery St.) (Ward 21)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Forrest Chisolm

(a) Residence: No. 109 W Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) Nov 30 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33 34	0	25		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Jesse Chisolm

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Lula Chisolm

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Essie Thomas

(Address) 169 W Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/27 1937

19. UNDERTAKER Watts & Phipps

(Address) 13 & W Fayette St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquest) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquest) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Rheumatic Fever

Date of onset
12/
/3/
/3

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 50 S. Longworth St.

Dec 2 1937

2236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29186 WS 95-D

Registered No. 34 [illegible]

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Lena Stroupe Bonacker Bonacker
(a) Residence: No. 610 S. Oldham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 9-8-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Tom Perry
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Dec 29 1937
Place St Stanislaus

19. UNDERTAKER Richard C. Meyer
(Address) 1620 Ashburton St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937, to December 25, 1937.
I last saw her alive on December 25, 1937. Death is said to have occurred on the date stated above, at 11 ab m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	[illegible]
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Was there an autopsy? No
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSantelle M. D.
(Address) Baltimore City Hospitals

12237

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29289

F 12237

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Arenz

(a) Residence: No. 1817 W. Patterson Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Arenz

6. DATE OF BIRTH (month, day, year) 5/16/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Arenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Arenz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem Date 12-28, 1937

19. UNDERTAKER Albert J. Hilt (Address) [illegible] Chester St

20. FILED 19 Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1937 to December 25, 1937

I last saw him alive on December 25, 1937. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. C. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12238 131 F 12238

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2540 Saleem St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Buchanan

(a) Residence: No. 2510 Salem St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hawley Buchanan

6. DATE OF BIRTH (month, day, year) June 23 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Reisterstown Baltimore County Md

FATHER

13. NAME Charles Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kitty Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hawley Buchanan

(Address) 2510 Salem St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. 12/22

19. UNDERTAKER H. C. Peacock

(Address) 916 Lafayette Ave

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a personal (Inquest, Autopsy or Inquiry) on the body of said deceased and from the evidence (Inquest, Autopsy or Inquiry) did that said deceased came to death on the day and at the hour stated above, from the following causes:

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis 1936

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Hamilton M. D.

(Address)

12239

HEALTH DEPARTMENT—CITY OF BALTIMORE

12239

CERTIFICATE OF DEATH

29243--RHW

1. PLACE OF DEATH

Registered No. 1-3 108

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Drozd

If U. S. Veteran specify WAR

(a) Residence: No. 624 S. Montford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 5/6/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saiow

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip Drozd

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Cehak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS Date Dec 30th 1937

19. UNDERTAKER George A. Weber
(Address) 305 S Ann St

20. FILED Dec 31 1937 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21 1937 to December 26 1937

I last saw him alive on December 26, 1937, Death is said to have occurred on the date stated above, at 6 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-16-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. DeSantillo M. D.

(Address) Baltimore City Hospitals

12240 Kerner ✓ F 12240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 E Chase St. 8-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Cornelia Kerner

If U. S. Veteran specify WAR

(a) Residence: No. 2727 E Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 22 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank C. Kerner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ruth Margaret Ertel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank C. Kerner
(Address) 2727 E Chase

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Mem. Date 12/31/37

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED ... 19... Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Dec 26, 1937.

I last saw him alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 12 45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	4 days
Other contributory causes of importance: Pneumonia, Acute	1

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward J. Cook M. D.
(Address) 2530 E Baltimore

F 12241

Seeger

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4107-1a

12241

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Colored

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER Harry K. Nuttle

(Address)

20. FILED ..... 19 ..... Registrar.

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20/37, 19 ..., to Dec. 26/37, 19 ...

I last saw him alive on Dec. 24/37, 19 ... Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Dec. 20/37.
Other contributory causes of importance	
Arterio-Sclerosis.	Unknown.

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Woods Coroner

(Address) 933 Hanover St.

12212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B 12212

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt Gen. Hospital St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest Langhammer

(a) Residence: No. 2921 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Langhammer

6. DATE OF BIRTH (month, day, year) May 4 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night W 1067

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Penitentiary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 2 1

FATHER

13. NAME Ernest Langhammer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Kutzmacher

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Rose Langhammer
(Address) 2921 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 28 1937

19. UNDERTAKER Harry E Wiese
(Address) 4101 Edmondson Ave

20. FILED ..... 19 .....
Registrar

DEC 27 1937

V-6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) findings by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Gerstner M. D.
Coroner

(Address) 1215 Hanover Ave

12243 12243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 807 Pierce St. 17-3 Ward)
Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Butler
If U. S. Veteran specify WAR .....

(a) Residence: No. 807 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 ~~65~~	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Edmund B Butler
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Martha Calhoun
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Walter Butler 717 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Dec 27, 37

19. UNDERTAKER (Address) Mrs Katie R. Wallace 322 N Schroeder St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 37 to Dec 24 19 37
I last saw h[illegible] alive on Dec 24 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns - Shock	Dec 21 1937

Other contributory causes of importance: Suppression of Urine

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation None
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or Homicide? Accident Date of Injury Dec 21, 1937
Where did injury occur? home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place 807 Pierce St Rear
Manner of injury Was suffocated by smoke from fire
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Davis M. D.
(Address) 1501 Eutaw Pl

12241 ✓ F 12241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3509 Elm avenue St., 43-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Hollinger
If U. S. Veteran specify WAR .....

(a) Residence: No. 3509 Elm avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob W. Hollinger

6. DATE OF BIRTH (month, day, year) Jan 11 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Joseph Carnes
14. BIRTHPLACE (city or town) (State or country) Baltimore County
15. MAIDEN NAME Sarah E. Brown
16. BIRTHPLACE (city or ~~town~~) (State or country) Baltimore Co.

17. INFORMANT Mrs John McFaul
(Address) 3509 Elm avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 28 1937

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

20. FILED ..... 19 ..... Registrar.

DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1937 to Dec 26 1937
I last saw her alive on Dec 26 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Dec 25.
Other contributory causes of importance: Arteriosclerotic cardio-vascular disease	?

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm N. McFaul Jr M. D.
(Address) 1800 N. Charles St

12215

HEALTH DEPARTMENT—CITY OF BALTIMORE

12215

CERTIFICATE OF DEATH

93-C

Registered No. 13-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Elsa Ter. St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ida A. Phillips

(a) Residence: No. 4204 Elsa Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If ~~married, widowed,~~ or divorced HUSBAND of (or) WIFE of John A Phillips

6. DATE OF BIRTH (month, day, year) Oct 25-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Louisella Bosley

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles E. Phillips

(Address) 4204 Elsa Terrace

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Date DEC 28 1937

19. UNDERTAKER D. S. Marshall

(Address) 3539 Falls Road

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1937. to Dec. 25, 1937.

I last saw her alive on Dec. 24, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia	12/24/37
Cardiac Dilitation	12/24/37

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Brought H Marshall M. D.

(Address) 4037 Falls Road

✓ F 12216

216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 42-3

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John F. Chesley

(a) Residence: No. 2452 Brentwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 31, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Chesley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME ? Hatchett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Theodore Chesley
(Address) 739 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 12/28/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Dec. 23, 19 37

Where did injury occur? 28th. & Gilford Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Street Struck by Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Allen M. D.
Coroner

(Address) 225 Union

V S 6

2247 ✓ 12247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Aged Women's Home

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1704 N. Lexington St. 14-E Ward)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie E. Martin

If U. S. Veteran specify WAR —

(a) Residence: No. 1704 N. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 12-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Noah Martin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Fishpaw

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Gertrude L. B. Shipley
(Address) Vernon Drive, Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place Jessups Balto Co. Date Dec. 28 1937

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ... 19 ... Registrar.
DEC 27 1937 Pimlico, Md.

4 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1937 to Dec. 25, 1937

I last saw h... alive on Dec. 24, 1937 Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinoma probably uterus	

Other contributory causes of importance:

Generalized arteriosclerosis & Senile Myocarditis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edwin B. Jones M. D.

(Address) 1115 St Paul St. City

Ina M. Marriott ✓ F 12218

2218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hosp. for Women of Md. St. (Ward) X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. M. Marriott

(a) Residence: No. 406 Reisterstown Rd St., Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Fl	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Inst for the Feeble Minded

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) Reisterstown (State or country) Md.

FATHER

13. NAME Samuel Marriott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Coot

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. E. Coot (Address) 406 Reisterstown Rd Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem Date Dec 29 37

19. UNDERTAKER Leonard Hyde & Sons (Address) 2 West Franklin St.

20. FILED Dec 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-22-37 to 12-26-37

I last saw h alive on 12-26- 1937 Death is said to have occurred on the date stated above, at 8 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-22-37
Pneumonia, hypostatic	12-26-37
hypertension, arteriosclerotic	?
Other contributory causes of importance: arteriosclerotic heart Disease.	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W H Hoodey M. D.

(Address) 1402 Park ave

2219 F 12249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital St. 4-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unidentified White male

If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboring man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 19

19. UNDERTAKER

(Address)

UNIVERSITY MEDICAL SCHOOL DEC 27 1937

Commissioner of Health

For H. A. Moore

Registrar

5705

MEDICAL CERTIFICATE OF DEATH 1037 A

21. DATE OF DEATH (month, day, year) 12/16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury 12/16 1937

Where did injury occur? (Specify city or town, county, and State) On highway beyond Woodmoor

Specify whether injury occurred in industry, in home or in public place Highway

Manner of injury Struck by Pat & Rae Lines

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert H. Finley Jr. M. D.

(Address) 907 N. Charles St

✓ F 42250

12250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. 76-12 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran Specify WAR

2. FULL NAME James Turner

(a) Residence: No. 822 (Usual place of abode) Stret Spanows Pt Ward Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Records

(Address) Coroner's Office

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL DEC 27 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED DEC 27 1937 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	12/11
Other contributory causes of importance: Comp fracture tibia & fibula left	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/11, 1937

Where did injury occur? On Hanover Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Walking along highway & struck by truck

Nature of injury Comp fracture tibia & fibula left

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gunter Coroner M. D.

(Address) 901 N Calvert

V S 6

3164 H

12251 F 12251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Prov Hospital

CITY OF BALTIMORE: (No. S. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Eugene Butler

(a) Residence: No. 1219 Smithson Street- St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Butler

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

MOTHER

15. MAIDEN NAME Sadie Butler

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT Sadie Butler- Police Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL DEC. 27 1937

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address)

FILED 19 Registrar

1937 3103

(over)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/29
Other contributory causes of importance: Concussion of Brain	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11/29, 19 37

Where did injury occur? Laurens & Pa. Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street.

Manner of injury Collision of motorcycle with automobile.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hubert Hurley, M. D.

Coroner

(Address) 907 N. Chas. Street

✓ F 12252

12252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 W. Elderey St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Sullivan

(a) Residence: No. 1213 W. Elderey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sullivan

6. DATE OF BIRTH (month, day, year) ? 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME ? —

14. BIRTHPLACE (city or town) (State or country) ? —

MOTHER

15. MAIDEN NAME ? —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Annie Sullivan (Address) 1213 W. Elderey St

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL DEC 27 1937, 19

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED 19 Registrar

7 1937 05705 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1937 to Dec 12 1937

I last saw h[im] alive on Dec 11 1937 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Date of onset 12-2-37

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there [illegible]?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Wm L. Deery, M. D.

(Address) 1720 E. Chase St.

Geo. F. Adler MD Coroner's Asst

253

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 12253

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Estep

If U. S. Veteran specify WAR

(a) Residence: No. Homeless St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie .

6. DATE OF BIRTH (month, day, year) 3/21/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Grainor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co., Md.

FATHER

13. NAME Thos. Estep

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Morton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 27 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 19 Registrar

DEC 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to December 19, 1937

I last saw him alive on December 19 1937. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-14-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

2254 E 12251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26025--cm 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Life 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie Merchant

If U. S. Veteran specify WAR

(a) Residence: No. 1114 N. Calvert St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Krieger (D)

6. DATE OF BIRTH (month, day, year) 11-26-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Merchant (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebhael Conley (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

Filed 7/15/1938

Place UNIVERSITY MEDICAL SCHOOL DEC 27 1937 19

19. UNDERTAKER Matthews

(Address) 20 N. Cook, 417 St Paul St.

Per H. A. Koons

Commissioner of Health

20. FILED ... 19... Registrar.

DEC 27 1937 3:03 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1937, to 12-18, 1937

I last saw her alive on 12-17, 1937 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right breast with metastasis	Unknown
Other contributory causes of importance: Senile psychosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. F. Woodward M. D.

(Address) Balto. City Hosp.

2255

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42255

CERTIFICATE OF DEATH 28703--CM 08

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Smithson

If U. S. Veteran specify WAR

(a) Residence: No. 563 Oxford St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-24-1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. Musch 2801 O'Donnell St.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Helen Finny (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL DEC 27 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19

DEC 27 1937 Registrar

3703 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-37 , 19

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1937 to December 16, 1937

I last saw him alive on December 16, 1937. Death is said to have occurred on the date stated above, at 12½ A.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 11-25-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Lauteller M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F42256

CERTIFICATE OF DEATH

210-M F42256

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 47-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence F. Murray

(a) Residence: No. 523 Allegany Ave. Towson Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas F. Murray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Flavin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ross H. Murray

(Address) 503 Allegany Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Joseph Cemetery Dec 29 19

19. UNDERTAKER Edward [illegible] & Son

(Address) 24 E. Eager St.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Dec. 25, 1937, 19

Where did injury occur? 6100 Block York Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place riding in Auto.

Manner of injury Car hit Pylon 6111 York Rd. and

Nature of injury Caregded offnit pole

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. J. Claeln M. D.
Coroner

(Address) 2757 W North Ave

V S 6

✓ F 12257

57

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Harlem Ave St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Gallagher

If U.S. Veteran specify WAR

(a) Residence: No. 2032 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Gallagher

6. DATE OF BIRTH (month, day, year) Sept. 30 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Peter Baugh

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Barbara Barr

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Barr

(Address) 2032 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 28, 1937

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 W. North Ave.

DATE FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 37, 19 to Dec 25, 1937

I last saw her alive on Dec. 20, 1937 Death is said to have occurred on the date stated above, at 345a m.

The principal cause of death and related causes of importance were as follows:

Senile debility due to old age — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A Thorner M. D.

(Address) 12-6 Druid Hill

HEALTH DEPARTMENT—CITY OF BALTIMORE

2258 — ✓ L 12258 — 82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Clara Kuehn — If U. S. Veteran specify WAR .....

(a) Residence: No. 2112 Ramsay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 11 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gustav Kuehn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Bunk

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Lena Kuehn
(Address) 2112 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls. Catonsville Date Dec. 28 1937

19. UNDERTAKER George L. Schwatt
(Address) 2111 Fredericke Ave.

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1934 to Dec 24 1937

I last saw h[illegible] alive on Dec. 24 1937 Death is said to have occurred on the date stated above, at 345 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	3 yrs ago
Other contributory causes of importance:	
Subarachnoid hemorrhage	1 day ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Cisternal puncture

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 1030 Wilkens Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

12259 F 12259

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 W. Fayette St. 20-2 Ward)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs Katherine Fischer

(a) Residence: No. 2110 W. Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Fischer

6. DATE OF BIRTH (month, day, year) February 2 1847

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
90	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Charles W. Biggs.
(Address) 2110 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec. 28 1937

19. UNDERTAKER George L. Johnson.
(Address) 2121 Frederick Ave.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1937, to Dec 25th, 1937

I last saw h... alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset ...

Other contributory causes of importance: Arterial Sclerosis

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas R Cochran M. D.

(Address) 2145 W Balto St

4

Spec.—6-9-19—H. P. Co.—1000 Bks.

✓ F 42260

42260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5203 Eckelbert Ave (St.) 27-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Estelle Peacock

(a) RESIDENCE. (Usual place of abode) No. 5203 Eckelbert Ave St., Ward 27

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White American

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: wife of Earnest Peacock

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1872

7 AGE: Years 65 Months 3 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: none

9 BIRTHPLACE (city or town) Easton, Md. (State or country) Md.

PARENTS

10 NAME OF FATHER Ide Gardner

11 BIRTHPLACE OF FATHER (city or town) Carroll County (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Oscar Peacock

(Address) 5009 Pk Heights Ave

Filed DEC 27 1937, 19 Huntington Willmott, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1937, to Dec 25, 1937, that I last saw h[illegible] alive on Nov 20, 1937, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senility,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wells, M. D.

, 19 (Address) 5216 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel

DATE OF BURIAL: 12/28 19 37

20 UNDERTAKER: Loring Byers

ADDRESS: 3307 Strathmore Ave

2261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 12261

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 2000 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George H Arnold

If U. S. Veteran specify WAR

(a) Residence: No. 316 N Franklintown Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Arnold

6. DATE OF BIRTH (month, day, year) Sept 22, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Telephone Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo Arnold

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Hartzell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date Dec 30 1937

19. UNDERTAKER L. D. Heimbathouse

(Address) Ellicott City Md

20. FILED ..... 19..... Registrar.

DEC 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-24-37, 19..... to 12-27-37, 19.....

I last saw h... alive on 12-27-37, 19..... Death is said to have occurred on the date stated above, at 3 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
	over

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles H Stark, M. D.

(Address) Mercy Hos

12262 F 12262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 12-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest G. Williams
If U. S. Veteran specify WAR

(a) Residence: No. 2000 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Bertha M. Williams

6. DATE OF BIRTH (month, day, year) June 18, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bertha M. Williams
(Address) 2000 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Alexandria Va Date Dec 28. 1937

19. UNDERTAKER Albert W. Ferguson
(Address) 420 E. Fort Ave.

20. FILED 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 23,

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Emmett D. Proctor M. D.
Coroner

(Address) 133 E. Fort Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

22633 22633 82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME David Harris

(a) Residence: No. 1554 Moreland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Harris

6. DATE OF BIRTH (month, day, year) June 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Harris

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Dora Ray

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Mrs. H. Dopkin (Address) 1554 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date Dec 28 1937

19. UNDERTAKER Chas. E. Reutershan (Address)

20. FILED ... Reg. No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1937 to 12-25 1937

I last saw him alive on 12-25 1937. Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-23
Other contributory causes of importance: Pulmonary Edema	12-24

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If [illegible]

(Signed) C. Edwin Muller M. D.

(Address) Mercy Hospital

Baltimore.

1937

H

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22261

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Binnan

(a) Residence: No. 20 50 Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 23-1881

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lieutenant Fire Dept 27 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Conrad A. W. Binnan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary A. Hamilton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Ethel Binnan

(Address) 2050 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12-28- 1937

19. UNDERTAKER John E. Miller Inc

(Address) 2435 E. Oliver St

20. FILED ..... 19 ..... Registrar.

DEC 27 1937 Harrington Highway, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1937 to Dec 25 1937

I last saw him alive on Dec 25 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Chronic Myocarditis	?

Other contributory causes of importance:

Anemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

12265 ✓F 12265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Carlyle Carrington (alias Harold Trumbull) U.S. Veteran / AR

(a) Residence: No. Emerson Hotel St., West Ward Detroit Michigan
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irma Carrington

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Courts. Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland Ohio Date 12-27-37

19. UNDERTAKER Stephen J. Milkowski
(Address) 1001 S. Emerson Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to [illegible] by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Potassium Cyanide Poisoning	Dec 16 37
Acute Hemorrhagic Pancreatitis	
Acute Coronary Ulcer of Stomach	

Other contributory causes of importance Arteriosclerosis & fever 1937.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy, Chemical analysis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Dec 16 1937

Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home (hotel)

Manner of injury Swallowed poison (KCN)

Nature of injury Corrosive burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Levine M. D.

(Address) 133 E. Lexington St.

V S 6

12266

HEALTH DEPARTMENT—CITY OF BALTIMORE

12266

CERTIFICATE OF DEATH

147-B

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTO. MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR S. A. .

2. FULL NAME Louis J. Walter

(a) Residence: No. 1627 N. Wolfe St., Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mollie E. Allen Walter

6. DATE OF BIRTH (month, day, year) August 29, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ~~since 1927~~

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gustave Walter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Katada

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records- U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 12/30/37 19

19. UNDERTAKER Mrs. Cook (Address) 2176 Fayette St. Baltimore, Md.

20. FILED DEC 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1937, to December 26, 1937

I last saw him alive on December 26, 1937. Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of right lung	June 1937
Gangrene, right lung	" "

Other contributory causes of importance

Was an operation performed? yes Date of 12-16-37

For what disease or injury? Lung abscess

Name of operation Resection of rib

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. B. N. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLM/c

12267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12267

CERTIFICATE OF DEATH

✓ 210-M

Registered No. 27-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Hetrick

(a) Residence: No. 52 00 Block Crowood Ave. Crowson Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (Specify War) No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Howard Hetrick

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Cronon

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Jos Happel

(Address) Noter Dame College

18. BURIAL, CREMATION, OR REMOVAL Place St Marys (Govans) Date Dec 28 37

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED DEC 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Dec. 24, 1937 (Date of injury) 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Street 25 Ft. South of Homeland Ave on York Rd.

Nature of injury Struck by Auto.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 Kirk Ave Coroner

12268

HEALTH DEPARTMENT—CITY OF BALTIMORE

12268

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-2 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nicola Lorenza

If U. S. Veteran specify WAR No Record

(a) Residence: No. 715 Asquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE~~) Rafela Lorenza

6. DATE OF BIRTH (month, day, year) July 18th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Dealer

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Tomaso Lorenzo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Costici

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Lorenzo
(Address) 519 Dennison st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 30th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-25-37 19..... to 12-27-37 19.....

I last saw h... alive on 12-27- 1937. Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart dis. & failure	?
Pulmonary edema.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Alfred Schwartz M. D.

(Address) Sinai Hospital

12269 F 12269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 E Madison St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H Bowen

If U.S. Veteran specify War No Record

(a) Residence: No. 2643 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Dec 7, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobbing

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John L Bowen

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Mary J Phillips

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Honora E Wilson

(Address) 2643 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/29. 1937

19. UNDERTAKER: Wilbur Foltz

(Address) 1219 E Fayette St

20. FILED: [illegible] Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23. 1937. to Dec 26. 1937

I last saw him alive on Dec 26. 1937 Death is said to have occurred on the date stated above, at 2 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/23/37
arterio sclerosis & hypertension	2 yrs
Other contributory causes of importance: chronic nephritis.	2 yrs

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Usual phys Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis F Krumm M. D.

(Address) 72 W No. Kenwood Ave

F 12270

12270 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Guilford Av. St., 12 Ward) 12-H

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. — mon. — da. How long in U. S. If of foreign birth 80 yrs. 0 mos. 0 da.

2. FULL NAME Rosealthe Polster

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2242 Guilford Av St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ferdinand Polster

14. BIRTHPLACE (city or town) (State or country) unknown Germany

MOTHER

15. MAIDEN NAME Elizabeth A Duffy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Judge Henry Duffy (cousin)
(Address) 10 W Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 28 1937

19. UNDERTAKER Stewart Memorial Company
(Address) 108 W Mt Royal Ave.

20. FILED Dec 28 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to he death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma,	12/26/37
Chronic Nephritis	over

Other contributory causes of importance:
Arthritis Deformans

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Crane M. D.
Coroner

(Address) Coroners.

12271 F 12271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 175

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No. Bay View St., 8 & 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR.

2. FULL NAME Charles White

(a) Residence: No. 1605 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Works

10. Date deceased last worked at this occupation (month and year) Dec 22 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn New York

FATHER

13. NAME Charles White (dead)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Susie Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Winston Phys (Address) 2521 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem 12/27/37

19. UNDERTAKER Berman & Hyneslty (Address) 818 E. Lanvale

20. FILED 12-27-37 Wilmer Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Comminuted Fracture of Skull (Fist)	Dec 23-1937
Other contributory causes of importance: Altercation	Dec. 23-1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Dec 23 1937

Where did injury occur? Duker Court (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of Walter Leonard

Manner of Injury Altercation

Nature of Injury Compound Comminuted Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

F 42272

42272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28122 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-3 49-a Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. 719 N. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Carter

6. DATE OF BIRTH (month, day, year) 12-23-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME William H. Lee

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Greene

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Name Cypress Cem. Date 12/27 37 19

19. UNDERTAKER B. F. Stevenson Jr. Inc.
(Address) 8 E. Biddle St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-37

22. I HEREBY CERTIFY, That I attended deceased from 12-8-37 to 12-25-37

I last saw her alive on 12-25-37. Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of ovary with metastasis	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 11-29-37

For what disease or injury? Encysted obstruction

Name of operation Abdominal Exploration

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. Brantigan M.D.

(Address) Baltimore City Hosp.

D 1937 8

2273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12273

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nicholas Patrick Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bridget Clark

16. BIRTHPLACE (city or town), (State or country)

17. INFORMANT Sister Stanislaus, Sup
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 28 1937

19. UNDERTAKER Rita Widdfield
(Address) 914 Greenmount Ave

20. FILED Dec 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Dec 27, 1937

I last saw him alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 10:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	2
Other contributory causes of importance: Uremia	3 D.

No

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Phys Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. C. Parker, M. D.

(Address) 1114 Harlem Ave

1114 Hanford Rd
St Jackson

12271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

F 12271

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Gorsuch Ave. Ward) 9-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Koenig

If U.S. Veteran specify WAR

(a) Residence: No. 906 Gorsuch Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — George L. Koenig

6. DATE OF BIRTH (month, day, year) Nov. 3, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Robert Willis

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Redman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert Koenig
(Address) 906 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 27 1937

19. UNDERTAKER Albert W. Feeney
(Address) 4402 E. North Ave.

20. FILED Dec 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1937 to Dec 25 1937

I last saw her alive on Dec 25 1937. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	4 D.

Other contributory causes of importance:

Arteriosclerosis	?
Chronic Endocarditis	?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. M. C. Parker M. D.

(Address) 1114 Hanford Ave

F 12275 F 12275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 328468--RHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4 Ward) 4348

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Perby

If U. S. Veteran specify WAR .....

(a) Residence: No. 624 Lawrence St. Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howell

6. DATE OF BIRTH (month, day, year) 12/31/1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	0 11	5 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frank Waddy

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Nickans

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Co Va. Date Dec 28 37

19. UNDERTAKER Mrs. Geo H Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 22 1937 to December 25 1937

I last saw her alive on December 25 1937. Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. A. De Lautille, M. D.

(Address) Baltimore City Hospitals

12276 E 12276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Linden Ave Ward) 37

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Brown

(a) Residence: No. 2230 Linden Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1875?

7. AGE: Years 60 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Mrs Ella Brown

(Address) 2421 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Zion Date: Dec. 29 37

19. UNDERTAKER: Jno. George H. Holland

(Address) 1631 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-27-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Abt 1 month
Cerebral Apoplexy	
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm. P. Allen M. D.

(Address) 50 Pleasant St

VS 6

12277

HEALTH DEPARTMENT—CITY OF BALTIMORE

12277

CERTIFICATE OF DEATH

V 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Laurens St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick Meade

If U. S. Veteran specify WAR

(a) Residence: No. 507 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Meade.

6. DATE OF BIRTH (month, day, year) June-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Meade

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Lucy Bean

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Viola Meade

(Address) 507 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Dec 28 '37 19

19. UNDERTAKER Mrs. George H. Hallcraft

(Address) 631 Druid Hill Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

adduced by said inquest and that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec 24 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Nissl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 50 Bennett St.

V 86

12278

HEALTH DEPARTMENT—CITY OF BALTIMORE

12278

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgiana Douglas

If U. S. Veteran specify WAR

(a) Residence: No. 1308 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Douglas

6. DATE OF BIRTH (month, day, year) Mar 27-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Va

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Lancaster Va

MOTHER

15. MAIDEN NAME Louise Jones

16. BIRTHPLACE (city or town) (State or country) Lancaster Va

17. INFORMANT Anna Smith

(Address) 1306 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Co. Va. Date Dec 28 '37 19

19. UNDERTAKER Mrs. George A. Holland

(Address) 631 Druid Hill Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 . 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (her) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/25/37
Hypertension	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen, M. D.

(Address) 56 Lexington St.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

(12279)

12279

CERTIFICATE OF DEATH

14 V 122-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary E Turner

(a) Residence: No. 2 Green Gables Ln Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Edw. C. Turner

6. DATE OF BIRTH (month, day, year) Jan. 12-77

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 12-23-37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Selig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmer Daubert (son)
(Address) 3722 Leo St. Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Dec. 28 - 1937

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 453 Fulton St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23-37 19 to 12-25-37 19

I last saw h e alive on 12-25 1937 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Strangulated femoral hernia L
Intestinal obstruction

Date of onset 12-16-37 12-16-37

Other contributory causes of importance:

Generalized peritonitis

Was an operation performed? Yes Date of 12-23-37

For what disease or injury? Strangulated femoral hernia, L; with intestinal obstruction

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome A Rusten M. D.

(Address) 736 Northern Parkway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12280 — CERTIFICATE OF DEATH — ✓ 59 — F 12280

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 Clifton Ave St. 15-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME William Amos Robinson

(a) Residence: No. 2842 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~the WIFE of~~ M. Christina Robinson

6. DATE OF BIRTH (month, day, year) Oct 8 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edmeston N.Y.

FATHER

13. NAME Charles H. Robinson
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Carissa Spraque
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. W. C. Robinson
(Address) 2842 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Date Dec 30 1937

19. UNDERTAKER Wm. J. Dirgan & Sons Inc
(Address)

20. FILED DEC 28 1937 Registrar. Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19th 1937 to Dec 27th 1937

I last saw h.. alive on Dec 27. 1926 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset

Other contributory causes of importance:

Diabetes Mellitus
Complications (Gangrene toe)

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur C Mennuger M. D.

(Address) 800 E North Ave

F 12281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210M F 12281

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 11-3 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Augusta R. Roussell

(a) Residence: No. 829 Hamilton Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 13 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Milliner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros.
10. Date deceased last worked at this occupation (month and year) About 1930
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs Snowden Hoff
(Address) 3515 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec 27th 1937

19. UNDERTAKER Jno J Sickens & Sons
(Address) 2 La

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Dec. 24, 1937 Date of injury, 19
Where did injury occur? Balto. Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by Auto. crossing Street
Nature of injury in front of 829 Hamilton Tr.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H.K. Culen M. D.
(Address) 2757 W. Lanvale

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

12282 CERTIFICATE OF DEATH V 46-F F 12282

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. West Balt. Gen Hosp. St. 15-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Louis Chiet (CHIAT) — If U. S. Veteran specify WAR

(a) Residence: No. 2108 Clifton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) Dec 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga Russia

FATHER

13. NAME Moses Chiet

14. BIRTHPLACE (city or town) (State or country) Riga Russia

MOTHER

15. MAIDEN NAME Reva

16. BIRTHPLACE (city or town) (State or country) Riga Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12-28 37

19. UNDERTAKER Jas. Louis Inc
(Address) 1439 E Baltimore St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1937 to Dec. 27 1937

I last saw him alive on Dec 27 1937 Death is said to have occurred on the date stated above, at 10.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Metastasis to liver.	
Chr. Nephritis	
Myocardial Degeneration.	
Senility.	

Other contributory causes of importance

Was an operation performed? yes Date of Oct 23, 1937

For what disease or injury? Carcinoma of Pancreas.

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) WB & H

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12283

CERTIFICATE OF DEATH

✓ 186-a F 12283

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 27-7 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Stumptner

(a) Residence: No. 6600 Old Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna H. Stumptner

6. DATE OF BIRTH (month, day, year) June 27th. 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emigrant Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Railroad

10. Date deceased last worked at this occupation (month, day, year) Dec 1897

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Unknown / Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown / Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown / Unknown

17. INFORMANT Albert G. Stumptner
(Address) 6600 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Dec. 29th 1937

19. UNDERTAKER Frederick Sansbury & Sons
(Address) 7401 Belair Road

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27th. 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage — Date of onset

Other contributory causes of importance: Bronchopneumonia (secondary)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 14th 1937

Where did injury occur? 6600 Old Harford Rd. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in cellar

Nature of injury struck head on floor

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Paul Schenken Coroner M. D.

(Address) 1914 E. North Ave

12281 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12281

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Hamilton Ave St.) (Ward 27-6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Leonard Cuyler

(a) Residence: No. 2817 Hamilton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Cuyler

6. DATE OF BIRTH (month, day, year) Jan 24-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madrid Spain

FATHER

13. NAME Cornelius Cuyler

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Cuyler

(Address) 2817 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 12-9 1937

19. UNDERTAKER Leonard F. Rent

(Address) 2203 Eastern Ave

20. FILED ... 19 ... Registrar.

DEC 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1937 to Dec 26 1937

I last saw him alive on Dec 26 1937 Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
a decompensation	
Other contributory causes of importance:	
Chronic Nephritis	

Was an operation performed? No Date of

For what disease or injury? -

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis L. Bagby M. D.

(Address) 6077 Harford Rd.

12285

HEALTH DEPARTMENT—CITY OF BALTIMORE

12285

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 Marshall St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Barasch

(a) Residence: No. 1438 Marshall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Barasch

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Abe Segman

(Address) 2737 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cheverly Date 12/28/37 19

19. UNDERTAKER Jos. Segman Inc

(Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

Dec 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. H. Haller M. D.

Coroner

(Address) 2737 W Mont

12286

HEALTH DEPARTMENT—CITY OF BALTIMORE

12286

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Green Mount Ave. St. 12-1 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Smith

(a) Residence: No. 3612 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of George P. Smith

6. DATE OF BIRTH (month, day, year) Nov. 26, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Thomas Bowman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Matilda Hartman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Cecelia B. Smith

(Address) 3612 Green Mount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 29, 1937

19. UNDERTAKER George P. Smith

(Address) 1900 Eutaw Place

20. FILED DEC 28 1937 Registrar (Early)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1930 to December 26, 1937

I last saw her alive on December 25, 1937. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3622 Green Mount Ave.

12287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12287

95-B

Registered No. 26-8

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTO. MD.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR S. A. W.

2. FULL NAME Gustav C. Hartzfelt

(a) Residence: No. 1418 E. Lombard St. Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charlotte Williams

6. DATE OF BIRTH (month, day, year) Dec. 13, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drydock

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Statine
(State or country) Germany

FATHER

13. NAME Charles Hartzfelt

14. BIRTHPLACE (city or town) Statine
(State or country) Germany

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) Statine
(State or country) Germany

17. INFORMANT Records - U.S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Dec 30 1937

19. UNDERTAKER John Elliott
(Address) 1222 Orleans St

20. FILED ..... 19..... Registrar .....

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1937 to December 27, 1937

I last saw him alive on December 27, 1937 Death is said to have occurred on the date stated above, at 9:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertrophy (hypertensive)	unknown
Brain softening, thrombotic, pons (cerebral thrombosis)	12-VII-37
Other contributory causes of importance:	
Arteriosclerosis, general	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T. M. H. Anderson M. D.

(Address) U. S. Marine Hospital, Balto.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12288 **CERTIFICATE OF DEATH** 160-BF 12288

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Boy Boy Riley

If U. S. Veteran specify WAR

(a) Residence: No. 614 Richmond Ave St., Kinwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-25-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Wm Riley

14. BIRTHPLACE (city or town) (State or country) Trenton N J

MOTHER

15. MAIDEN NAME Anna Lillian Armstrong

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father
(Address) 614 Richmond Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12/28/37

19. UNDERTAKER J. J. Fahey & Son
(Address) 818 Light St

20. FILED DEC 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Dec 27, 1937

I last saw him alive on Dec 27, 1937 Death is said to have occurred on the date stated above, at 4 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (Result of difficult birth)	12-25-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redmon, M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

(1228) 13 F 1228)

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 Chetson av St., 9-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John B. Wollering

If U. S. Veteran specify WAR .....

(a) Residence: No. 1643 Chetson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Irene Wollering

6. DATE OF BIRTH (month, day, year) June 16 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Casualty Co

10. Date deceased last worked at this occupation (month, day, year) Oct. 1937

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John B. Wollering

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Wollering
(Address) 1643 Chetson a

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Dec 28. 37

19. UNDERTAKER E. Gray W. Conklin & Son
(Address) 424 E. Eager St.

20. FILED DEC 29 1937 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Dec. 27, 1937

I last saw h[illegible] alive on Dec 26, 1937 Death is said to have occurred on the date stated above, at 8 50 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Decompensated	4 wks
Other contributory causes of importance: Chronic Nephritis and Arteriosclerosis	9 wks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Autopsy? No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. J. A. Storms, M. D.

(Address) 2878 Harford Rd

M. D. R. 1268-9

V F 122900

122900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., 161 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Blake

(a) Residence: No. [illegible] St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 29 1937

19. UNDERTAKER James Cota

(Address) 1422 Wilkens Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19 37

22. I HEREBY CERTIFY, That I attended deceased from ... 19 .. to ... 19 ..

I last saw h... alive on ... 19 .. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	18 Mo.

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

12291 F 12291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 627 George St. 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanne McTier
If U. S. Veteran specify WAR

(a) Residence: No. 627 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not St

6. DATE OF BIRTH (month, day, year) Nov 5- 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kenansville N.C.

FATHER

13. NAME Walter McTier

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mattie Brown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Walter McTier
(Address) 627 George St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date 12/27/37

19. UNDERTAKER 136 W Fremby
(Address) 818 Penn Ave

20. FILED DEC 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1 1937 to December 26 1937
I last saw h er alive on December 26 1937 Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Pneumonia	4 days
	over 1
Other contributory causes of importance: Leg Edema Pleurisy Chronic Interstitial Nephritis	3 mos

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Lafourt M. D.
(Address) 822 N. Broad Street

12292

HEALTH DEPARTMENT—CITY OF BALTIMORE

12292

CERTIFICATE OF DEATH

34-C-107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-1 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Brown.

If U. S. Veteran specify WAR .....

(a) Residence: No. 702 S. Charles St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	ago	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 40 Y

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Bee Bond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bee Bond

(Address) 142 Henrietta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Dec 29 '37

19. UNDERTAKER Walter Young & Son

(Address) 134 Hamburg St

20. FILED DEC 29 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937 to Dec 27, 1937

I last saw him alive on Dec 27, 1937 Death is said to have occurred on the date stated above, at 4 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	?
Aortic Aneurysm.	?

Other contributory causes of importance:

Bilateral confluent Broncho-pneumonia.	12-19-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Bush M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42293 42293 107-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Ann St. 2-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas b. Lachman

(a) Residence: No. 220 S. Ann St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Lachman

6. DATE OF BIRTH (month, day, year) June 13 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	6	12	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plt
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME August Lachman

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Barbara Heise

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mary Lachman
(Address) 220 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 29 1937

19. UNDERTAKER Martel & E. Duppel
(Address) 31 S. Ann St.

20. FILED Dec 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to Dec 25, 1937
I last saw h. alive on Dec 25, 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia — Date of onset Dec 24

Other contributory causes of importance:
Bronchial Asthma

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leo F. Neudecker, M. D.

(Address) 126 S. Paca Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12291 12291 C.F. 12291

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elgass F. Young

(a) Residence: No. Buckhannon, West Virginia Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie L. Young

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or county) (State or country) Harrison West Va.

FATHER

13. NAME Addison Young

14. BIRTHPLACE (city or town) (State or country) Harrison West Va.

MOTHER

15. MAIDEN NAME Wolfram

16. BIRTHPLACE (city or town) (State or country) Monroe West Va.

17. INFORMANT Elgass Scott Young Jr.
(Address) Buckhannon W. Va.

18. BURIAL, CREMATION, OR REMOVAL Buckhannon W. Va. Date 12/28/37

19. UNDERTAKER Post & Bland Inc.
(Address) 1614 E. Baltimore St.

20. FILED ..... 19..... Registrar

DEC 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1937, to 12/28, 1937.

I last saw h.. alive on 12/27, 1937 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostate.	Summer 1937
Uremia	12/17/37
Other contributory causes of importance:	
Malaria, Arteriosclerosis	Over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliot Nicholson M. D.

(Address) Sinai Hospital

Form —3-29-23—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42295 — CERTIFICATE OF DEATH — 23 — F 42295

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. ~~115 N. Mount St~~ 1354 Carroll St ST., 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Smith

(a) RESIDENCE NO. 1151 N. Mount St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William Smith

7 DATE OF BIRTH (month, day, and year): 1-2-13

8 AGE: Years: 24 Months: 11 Days: 00 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Va.

11 NAME OF FATHER: John Smith

12 BIRTHPLACE OF FATHER (city or town) (State or country): Va

13 MAIDEN NAME OF MOTHER: Mattie Smith

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

15 Informant: Wm. Smith (H)

(Address): 1151 N. Mount St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24-37

17 I HEREBY CERTIFY, That I attended deceased from 12-19-37, 19 , to 12-24-37, 19 ,

that I last saw her alive on " , 19

and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Henrytons Tbc

(Signed) F. N. Cardozo, M. D.

12-25-37 (Address) 1524 W. Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 12/28 1937

20 UNDERTAKER: Chas H Orrison

ADDRESS: 3 E Lafayette St.

22296

HEALTH DEPARTMENT—CITY OF BALTIMORE

22296

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Caroline St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Isaac Gleaves

If U. S. Veteran specify WAR

(a) Residence: No. 905 W. Caroline St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Gleaves

6. DATE OF BIRTH (month, day, year): December 4 1879

7. AGE: Years 58; Months; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Iron

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

FATHER

13. NAME: Abraham Gleaves

14. BIRTHPLACE (city or town) (State or country): Annapolis Md

MOTHER

15. MAIDEN NAME: Millie Anne Parker

16. BIRTHPLACE (city or town) (State or country): Annapolis Md

17. INFORMANT: Hattie Gleaves (Address) 905 W. Caroline St

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Cemetery Dec 30 '37

19. UNDERTAKER: Robert H. Young (Address) 504 W. Caroline St

20. FILED 19 Registrar

DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Dec 26, 1937

I last saw h. alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Dec 24 '37
Other contributory causes of importance:	
Pleurisy, Endocarditis and Nephritis.	Dec 20 '37
	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Young M. D.

(Address) 1429 E. Monument St

12297 F 12297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28876 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hospt. St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Williams

(a) Residence: No. 1623 Brunt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Williams

6. DATE OF BIRTH (month, day, year) 1869 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Gaines

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date Dec 28 1937

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1937 to December 25, 1937

I last saw her alive on December 25, 1937. Death is said to have occurred on the date stated above, at 10:2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

2298 ✓ F 12298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Dog Av St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Crowner

(a) Residence: No. 2323 Dog Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Neoleig Crowner

6. DATE OF BIRTH (month, day, year) Dec 21, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John W. Crowner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Dennis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rachel Roberts

(Address) 2323 Dog Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Memorial Date Dec 28, 37

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder St

20. FILED ..... 19..... Registrar.

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/37

22. I HEREBY CERTIFY, That I attended deceased from 11/14/37 to 12/25/37

I last saw h in alive on 12/24/37 Death is said to have occurred on the date stated above, at 7.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	4/1/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J W Hawkins M. D.

(Address) 1605 Fawn St

HEALTH DEPARTMENT—CITY OF BALTIMORE

(229) E-12293

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Clara Owinski

If U. S. Veteran specify WAR

(a) Residence: No. 2200 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Owinski

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 37

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Johne Zajdzinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Grabowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) John Owinski 2200 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Dec 29 1937

19. UNDERTAKER (Address) Fred W Ozazewski 1900 Eastern Ave.

20. FILED DEC 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-17-1937 to 12-25-1937

I last saw her alive on 12-25-1937 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	2
Arterio-Sclerotic CVD & hypertension	2
Cerebral Hemorrhage	12-17-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis J. Krall M. D.

(Address) South Balto. Gen. Hosp.

✓ F 42300

42300 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. 572

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2004 Filet St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonette Petro

If U. S. Veteran specify WAR

(a) Residence: No. 2004 Filet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Paul Petro (d. 32)

6. DATE OF BIRTH (month, day, year) Oct. 15-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Nowatski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Prodey

(Address) 2004 E. Fleet

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 29 1937

19. UNDERTAKER Fred W. Ozazewski

(Address) 924 Eastern Ave.

20. FILED Dec 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Ce Apoplexy)	Dec 26 1937
Other contributory causes of importance: Nephritis	3 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Ward, M. D. Coroner

(Address) 1717 N. Broadway

12301 F-42301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3908 York Road (St.) Greenmount av (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Grant

(a) Residence: No. 3908 York Road St., Greenmount Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Clarence D. Grant

6. DATE OF BIRTH (month, day, year) Nov 23-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles H. Woods

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Engel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edith Baugher
(Address) 527 Hillsdale

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 12/29 1937

19. UNDERTAKER J. J. Nolan & Sons
(Address) 3552 E. Baltimore

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset 12/27/37

Other contributory causes of importance: Inhalation of Cooking Gas

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 12/27, 1937

Where did injury occur? 3908 Greenmount av (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Turned gas on cooking Range

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans M. D.
Coroner

(Address) Coroner

V S 6

F 12302

HEALTH DEPARTMENT—CITY OF BALTIMORE

12302

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Harlem Ave. St., 46-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Hofmann

If U.S. Veteran specify WAR

(a) Residence: No. 2523 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Hofmann

6. DATE OF BIRTH (month, day, year) March 2, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Franz Waldner

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Mrs. Clarence Mahrer
(Address) 2523 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 29, 1937

19. UNDERTAKER C. H. Amoreau,
(Address) 1505 W. Baltimore St.

20. FILED 1937 Huntington Wilson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to date, 1937

I last saw her alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	?
Other contributory causes of importance: Unknown	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. H. Woodward M. D.

(Address) 332 E. Fayette St.

2303 F 12303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38791--RHW

1. PLACE OF DEATH

Registered No. 59

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Hoehn

If U. S. Veteran specify WAR

(a) Residence: No. 512 S. Bacon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hoehn

6. DATE OF BIRTH (month, day, year) 5/8/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Schlueter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Derke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Dec. 29 37

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937, to December 27, 1937.

I last saw her alive on December 27, 1937. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12-23-37
Other contributory causes of importance:	
Coronary occlusion	9-14-37
diabetes mellitus	[illegible]

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

12304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Cordelia Mc Allister

If U. S. Veteran specify WAR

(a) Residence: No. 2518 Harford Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr C W mc allister

6. DATE OF BIRTH (month, day, year) Jan 23 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11 mo	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Scheiner

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Catherine Scheinell

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Charles W. Mc. Allister

(Address) 2518 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 29 1937

19. UNDERTAKER Mr & Mrs. John W. Geisel & Son

(Address) 501 W. Fayette St

20. FILED DEC 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1937 to 12-26 1937

I last saw h[illegible] alive on Dec 26 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cardiac failure	
	over

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Stark M. D.

(Address) Mercy Hospital

93

12305 F 12305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 E. Fayette St. St., 7-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter F. Addicks

(a) Residence: No. 907 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (~~not WIFE of~~) Margaret Addicks

6. DATE OF BIRTH (month, day, year) Nov. 6, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian Addicks

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Anna Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret Addicks

(Address) 907 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 29 1937

19. UNDERTAKER John M. Weber

(Address) 1401 E. Chase St

20. FILED ~~Commissioner of Vital Statistics~~ Registrar

DEC 29 1937

V.S.6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreyer Coroner M. D.

(Address) 1712 E. North Ave

✓ F 12306

12306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-13 SC

Registered No. 1572

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 515 S. Washington St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR.

2. FULL NAME Tillie Byer
(a) Residence: No. 515 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Biloxi Miss.

MOTHER FATHER

13. NAME John Byer
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Tena Pawlicka
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Tena Byer
(Address) 515 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Dec 30 1937

19. UNDERTAKER John M Weber
(Address) 431 S. Chester St

20. FILED Dec 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or facts) thereon and from the evidence obtained by said (Inquest, autopsy or facts) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	Dec 26-1937
	8 years.

Other contributory causes of importance: Hemiplegia both sides, previous attack

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Chas. W. Wood M. D.
(Address) 1712 N. Bond St

12307 F 12307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH 3

CITY OF BALTIMORE: (No. 3208 Leverton Ave St., 7th Ward) 7-10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Ann Esworthy

If U. S. Veteran specify WAR none

(a) Residence: No. 3208 - Leverton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widowed

6a. If married, widowed, or divorced (or) WIFE of John albert Esworthy

6. DATE OF BIRTH (month, day, year) June 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1937 Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reels Mill Frederick Co.

FATHER

13. NAME Jerome Wilson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Meredith Halbert

(Address) 3208 Leverton Ave Balto

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Mt. Olivet Cemetery Date Dec 1, 1937

19. UNDERTAKER Ellis J. Eston

(Address) Frederick, Md.

20. FILED ..... 19 ..... Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to Dec. 27 1937

I last saw her alive on Dec. 27 1937 Death is said to have occurred on the date stated above, at 3 40 P.M. (afternoon)

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio Sclerosis

Date of onset

Other contributory causes of importance

Chr. Nephritis

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) A. W. Kourey, M. D.

(Address) 1812 N Broadway

12308 E 12308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Frederick George Vogel

(a) Residence: No. 1808 Sexton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed, or~~ divorced HUSBAND of ~~last name of~~ ? Vogle

6. DATE OF BIRTH (month, day, year) March 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo. Vogle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kuniganda Franz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Andrew Vogle 3109 Strickland St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 12/31 1937

19. UNDERTAKER (Address) Wilkerson Hood 1217 E. Fayette St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 24, 1937

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. Wash. Bu. Spence

Nature of injury Crossing Street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2705 W. Pratt Coroner

V S 6

F 12309

12309 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

66-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record N.Y.

2. FULL NAME William Stanley Denton

(a) Residence: No. 4442 52nd St. St., ... Ward. New York City N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Gertrude L. Denton

6. DATE OF BIRTH (month, day, year) October 11, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
29	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesmanager

9. Industry or business in which work was done, as saw mill, bank, etc. Brown-Blackwell Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Liverpool England

FATHER

13. NAME Wallace Denton

14. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Liverpool England

17. INFORMANT S. H. Thornton

(Address) Park Circle Trust Estate

18. BURIAL, CREMATION, OR REMOVAL St Thomas Garrison Funeral Dec 31st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED ..... 19 ..... Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Obesity	
Chronic Tonsilitis	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? Yes. Date of 12/28/37

For what disease or injury? Chronic Tonsilitis

Name of operation Tonsillectomy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schentag, M. D. Coroner

(Address) 1492 North Ave

F 12310

12310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Md. Gen'l. Hospital

CITY OF BALTIMORE: (No. ..... St. 22 ..... Ward) 17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify War No Record

2. FULL NAME Herbert J. Warner

(a) Residence: No. 5346 Maple Ave St., ... Ward. .....
(Usual place of abode) Pimlico (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edwina —

6. DATE OF BIRTH (month, day, year) July 14, 1888

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	49	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Joshua Warner

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Julia Gist

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Mrs. Edwina Warner
(Address) 5346 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk Date 12/31 1937

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

20. FILED DEC 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1937, to 12-28, 1937.

I last saw h.i. alive on 12-28, 1937. Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

Sarcoma neck — Date of onset

Other contributory causes of importance:

metastasis general

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. L. Ewart M. D.

(Address) Md. Gen'l. Hosp.

2311 F 12311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Bay View St., 13-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR

2. FULL NAME Madora Hamilton

(a) Residence: No. 3643 Resnick Road St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hamilton

6. DATE OF BIRTH (month, day, year) Sept 9-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newmarket
(State or country) Balto Co Md.

FATHER
13. NAME John W. Brown
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Elizabeth Hunt
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Madora
(Address) 3643 Resnick Road

18. BURIAL, CREMATION, OR REMOVAL New Market Md Date Dec 30 37

19. UNDERTAKER A. S. Marshall
(Address)

20. FILED ___ 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1 yr.

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

2312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12312

CERTIFICATE OF DEATH

28643--REW

Registered No. 26-9 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Mugford

(a) Residence: No. 1113 S. Highland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married -sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9/24/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None prob.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Elizabeth Hogycomb

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Dec 31 37
Wm Caymol, Funl. Dec 31 37
H. S. Wade Hall
2535 Falls Road

19. UNDERTAKER
(Address)

20. FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1937, to December 28, 1937

I last saw him alive on December 28, 1937. Death is said to have occurred on the date stated above, at 4.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. C. De Sautelle M. D.

(Address) Baltimore City Hospitals

DEC 23 1937

F 42313

2313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Garrett

(a) Residence: No. 2404 Huron St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced (or) WIFE of William Garrett

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia, S.C.

13. NAME Joseph Jackson

14. BIRTHPLACE (city or town) (State or country) Columbia, S.C.

15. MAIDEN NAME Louise Goodwin

16. BIRTHPLACE (city or town) (State or country) Columbia, S.C.

17. INFORMANT Louise Jackson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 12/29 1937

19. UNDERTAKER Walter E. Spriggs
(Address) 134 N. Hamilton St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1937, to Dec. 26, 1937

I last saw h[illegible] alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insuff.	
Other contributory causes of importance: Myocardial degeneration	

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
no If so, specify .....

(Signed) E. Walter Sheridan M. D.

(Address) 1608 Division St.

12314 12314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Park Ave. St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fanny Hammond Mahool

If U. S. Veteran specify WAR .....

(a) Residence: No. 700 Park Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (wife)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

FATHER

13. NAME James F. Mahool

14. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie B. Hammond

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Harry H. Mahool
(Address) 700 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. 12/29/37

19. UNDERTAKER John D. Mitchell Sons Inc.
(Address) 1600 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1912 to Dec 27, 1937

I last saw her alive on Dec 26, 1937 Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	
Other contributory causes of importance: Cardiac decompensation	Sept 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. M. Stuke M. D.

(Address) 1435 Maryland Ave.

F 42315

2315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Lucille Mateo
(a) Residence: No. 514 Fayette St. Portsmouth, Va. St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 3-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Va.

FATHER
13. NAME Julio Mateo
14. BIRTHPLACE (city or town) (State or country) Philippine Islands

MOTHER
15. MAIDEN NAME Elizabeth M. Griffin
16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Julio Mateo, Father.
(Address) U.S. Navy

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Dec 29 1937

19. UNDERTAKER Robt C & B M. Walters
(Address) Pratt & Bricker Sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1937. to Dec. 27, 1937.
I last saw h[illegible] alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nutritional Diarrhea	Dec. 20
malnutrition	

Other contributory causes of importance: Staphylorraphy Operation

Was an operation performed? Yes Date of 12/17/37
For what disease or injury? Cleft Lip & Cleft palate
Name of operation Staphylorraphy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Gilson J. Wells, M. D.
(Address) University Hospital

F 3

12316 HEALTH DEPARTMENT—CITY OF BALTIMORE 12316

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Egan

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 Clarke St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, year) Aug 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Highways

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) ..... spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martin Egan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Geoghegan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs A Egan

(Address) 1123 Valley St

18. BURIAL, CREMATION, OR REMOVAL

St Joseph Cemetery Govt Date Dec 31 1937

19. UNDERTAKER Edward W Coughlin & Son

(Address) 924 E Lanvale St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Dec 28, 1937.

I last saw him alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 6:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Arteriosclerosis	?
Other contributory causes of importance: Terminal Broncho-pneumonia	3 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Rudisill M. D.

(Address) St. Joseph's Hospital

12317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 F 12317

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Phillip Carter (25121)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1450 Morton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cassie

6. DATE OF BIRTH (month, day, year) April 8, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hamilton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn
Place Date Dec 30 1937

19. UNDERTAKER Adolphus Talbert
(Address) 918 Druid Hill Ave.

20. FILED DEC 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1937 to December 26, 1937

I last saw him alive on December 26, 1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	May 1936.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Cassid M. D.

(Address) Balto. City Hospitals

12318

HEALTH DEPARTMENT—CITY OF BALTIMORE

12318

CERTIFICATE OF DEATH 29296 (MB)

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-1 ✓ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Barbour

If U. S. Veteran specify WAR

(a) Residence: No. 2840 Elliott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/18/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lloyd Edward Barbour

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Coe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Dec 29 1937

19. UNDERTAKER Tilly & Sweeney

(Address) 405 S Sharp

20. FILED DEC 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23 . 1937 to 12-27 . 1937

I last saw him alive on 12-27 . 1937 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	1

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ;

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. E. Brautigan M. D.

(Address) Baltimore City Hosp.

Attending Physician, Hospital, City

0

F 12319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-F 12319

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Broadway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Eliz. Vinson

If U.S. Veteran specify WAR

(a) Residence: No. 813 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Vinson

6. DATE OF BIRTH (month, day, year) Dec 23, 1849.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christine Holtbein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. C. N. Eliz. Vinson

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Westens Cem. 12/30/37

19. UNDERTAKER L. Hennegan Son

(Address) 32 So. Broadway

20. [illegible] Hunting for Williams, Jr.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26. 1937. to Dec 27. 1937.

I last saw h r alive on Dec 27. 1937. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance:	
Age	
No	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. White Jr. M. D.

(Address) 2800 N. Paca St

12320 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12320

CERTIFICATE OF DEATH X 108 ✓

1. PLACE OF DEATH Maryland General Hospital 11-3 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Howard D. Jeffers = JEFFERS = If U. S. Veteran specify WAR

(a) Residence: No. Belair Rd Sta. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 23, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6 8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph M Jeffers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Monica Jane Woodall

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Louis M. Jeffers
(Address) 4546 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK CEMETERY Dec 29 1937

19. UNDERTAKER F. B. Wyatt & Son
(Address) 1337 Eutaw Place

DEC 29 1937 Huntington Williamsport, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1937, to 12-28, 1937

I last saw him alive on 12-28, 1937 Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Pulmonary edema.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. M. Jeffers M. D.
(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#28839
SF
F 12321

CERTIFICATE OF DEATH

F 12321

Registered No. 10342-82-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Lacey

(a) Residence: No. 926 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

life

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alfred

6. DATE OF BIRTH (month, day, year) 4/11/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Batson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosie Gaunt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Dec 30 1937

19. UNDERTAKER Robert E. Williamson
(Address) 1515 N. Eutaw St

DEC 29 1937 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1937 to December 24, 1937

I last saw her alive on December 24, 1937. Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-24-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. Le Sauble M. D.

(Address) Baltimore City Hospitals

12322

HEALTH DEPARTMENT—CITY OF BALTIMORE

12322

CERTIFICATE OF DEATH

5-282-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Augusta St., 5 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME: Rachel Smith

(a) Residence: No. 418 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Smith.

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northampton Va

MOTHER FATHER

13. NAME Louis James

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary James

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frank Smith

(Address) 1029 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec 29 1937

19. UNDERTAKER Robert E. Williams

(Address) 15-15 N. Eldersly St

FILED DEC 29 1937 Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset 12/23/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. L. Allen M. D.
Coroner

(Address) 50 Augusta

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12323

CERTIFICATE OF DEATH

23 F 12323

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1743 Orleans St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lurin Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1743 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Johnson

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Johnson

(Address) 1743 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 28 1937

19. UNDERTAKER Edwin O Wilson

(Address)

Filed 19 Huntington Williams, M.D. Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1937

I HEREBY CERTIFY, That I attended deceased from Sept 27 1937 to Dec 27 1937.

I last saw him alive on Dec 26 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	Sept 27 1937
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Wish Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12321

CERTIFICATE OF DEATH

V107-a #27866 SK

F 12324

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Ferguson

If U. S. Veteran specify WAR

(a) Residence: No. 927 Argyle Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty

6. DATE OF BIRTH (month, day, year) 1880 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert Sr.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Francis ?

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/31/37

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1814 W Montgomery St

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from October 29 1937 to December 25 1937

I last saw him alive on December 25 1937. Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-19-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. A. de Lamielle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12325

CERTIFICATE OF DEATH

V 34-94-BF 12325

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Hunter St., 7-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Winfield Price

(a) Residence: No. 821 Hunter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lodie Price

6. DATE OF BIRTH (month, day, year) [illegible] 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Price

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hattie Price

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Carrie Rogers

(Address) 821 Hunter St

18. BURIAL, CREMATION, OR REMOVAL

Place West Point Va Date 12/29/37

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1016 Montgomery St

20. FILED DEC 29 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence (Inquest, Autopsy or Inquiry) I have held as to the cause of death, and that said deceased came (Inquest, Autopsy or Inquiry) I have last seen alive on 12-27-37 at 2 o'clock P. M. and that death occurred on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/27/37

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bruce S. Allen, M. D. Coroner

(Address) 509 Fusgate St

M. D. B. 1268-9

12326

F 12326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Saint Agnes' Hospital

Registered No. 122-a

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs John F. Cox

(a) Residence: No. Mount Hope Retreat St., Ward. Woodlawn, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Cox

6. DATE OF BIRTH (month, day, year) March 1, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William Cox

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown Hanora

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John Cox

(Address) 5425 Eck St. NW Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Dec 31, 1937

19. UNDERTAKER Wallace J. Jenkins & Son

(Address) Funeral Directors Washington D.C.

20. FILED DEC 31 1937 Washington, District of Columbia Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 26, 1937 to 12-29, 1937

I last saw him alive on 12/28, 1937 Death is said to have occurred on the date stated above, at 4-20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary following an operation for strangulated Femoral Hernia.	12/26/37

Other contributory causes of importance:

Generalized Arteriosclerosis & Chronic Nephritis

Relation of Strangulated

Name of operation Femoral Hernia Date of 12/26/37

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Lenhardt, M. D.

(Address) St. Agnes Hosp.

F 12327

12327 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH Maryland General Hospital 15-11
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Shephard Cross

(a) Residence: No. 3202 Dorchester Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna R. Cross

6. DATE OF BIRTH (month, day, year) May 9, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2066

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Va.

FATHER

13. NAME Cyrus Cross

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Columbia Kemper

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Earl W. Koons
(Address) 3202 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec. 30, 37

19. UNDERTAKER Wm. J. Tighman & Sons
(Address) North & Fa. Ave.

20. FILED ..... 19..... Registrar.

DEC 29 1937 Washington Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1937, to 12-28, 1937

I last saw HIM alive on 12-28, 1937. Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows: Cerebral Haemorrhage — Date of onset

Other contributory causes of importance: Pneumonia (bronchial)

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. L. Ewald M.D.

(Address) Md. Gen'l. Hosp.

42328 F-42328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B 0 C

Registered No. 1877

1. PLACE OF DEATH Balto. City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy (Mary) Simmons

(a) Residence: No. 916 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Simmonds

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Mary Coleby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Balto City Hospitals (Records.)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place B. C. H. Date 12/27/38

19. UNDERTAKER

(Address)

20. FILED Dec 29 38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and from my knowledge of the case, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal hemorrhage	Dec 25 1938
Rupture of liver	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 25, 1938

Where did injury occur? Balto City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury not known

Nature of injury Rupture of liver

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Chas. W. Wood, M. D.

(Address) 1712 N. Broadway

V 8 6

12328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12328

CERTIFICATE OF DEATH

✓ 160-B 29310 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME B. Boy (Mary) Simmons

If U. S. Veteran specify WAR .....

(a) Residence: No. 916 W. Lexington St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-23-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary Colebey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) B. C. M. Records

18. BURIAL, (CREMATION), OR REMOVAL

Place B.C.M. Date 12-27-37

19. UNDERTAKER

(Address)

FILED 1937 Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/23 , 1937 to 12/23 , 1937

I last saw her alive on 12/23 , 1937 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	12/23
coma	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Aut Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles L. Goodland M. D.

(Address) Balto. City Hospitals

E 12329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-u-107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL X 7-5 Ward)

CITY OF BALTIMORE: (No. .....St.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Dorothy Haines

(a) Residence: No. Lake Fanny Hall ..... Ward. Belair Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9 15 37

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Dorothy Haines

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL DEC 29 1937
Place Date

COMMISSIONER OF HEALTH

19. UNDERTAKER
(Address) For L. A. Moore

20. FILED 19 Huntington, W. Va. Funeral Home

DEC 29 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept-15 1937 to Dec 19 1937

I last saw her alive on Dec 19 1937. Death is said to have occurred on the date stated above, at 5.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - streptococcal	

Other contributory causes of importance:

Syphilis - congenital

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Weston M. Kelsey M. D.

(Address) Johns Hopkins Hospital

12330 E 12330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-5-82-w

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 220 S. Collington Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran
specify WAR

2. FULL NAME Elizabeth Dietrich

(a) Residence: No. 220 S. Collington Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Dietrich

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliza Pfeifer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sadie Graefe
(Address) 220 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Ceme. Date Dec. 30, 1937

19. UNDERTAKER Henry Sander & Son., Inc Eagle & Anch
Baltimore St. & Broadway

20. [illegible] Huntington Ave. [illegible]

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26th 1837

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1937 to Dec. 26 1937

I last saw her alive on Dec. 26 1937 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/10
Hypertension	19[illegible]

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury? No

Name of operator None Date of No

What test confirmed diagnosis? Clinical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Greer M. D.

(Address) 408 S. Patterson Ave

F 12331

12331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8 V 51-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. No. 8 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Mann (CHARLES W. MANN) If U. S. Veteran specify WAR

(a) Residence: No. 23 S. Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace K Mann

6. DATE OF BIRTH (month, day, year) Aug. 2 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transportation

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Rose Mann

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Grace K. Mann (Wife)

(Address) 23 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec. 30, 1937

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. T. Sander

(Address) Baltimore & Broadway.

20. FILED 19 Registrar

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 26 1937 to December 27 1937

I last saw him alive on December 27 1937 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Bladder	Summer 1937
Uremia (Coma)	12/26/37
Other contributory causes of importance: Benign Prostatic Hypertrophy, Emphysema; Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Richardson, M. D.

(Address) Sinai Hospital

✓ F 12332

12332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N Curley St. 8-3 Ward)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR .....

2. FULL NAME Cora Etta Eck

(a) Residence: No. 1220 N Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Eck

6. DATE OF BIRTH (month, day, year) Oct 29 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

FATHER

13. NAME Thomas Wright

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sally Arons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John E. Eck
(Address) 1220 N Curley st

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Dec 30 1937

19. UNDERTAKER Chas. H. Black
(Address) 742 W. Fayette Ave

Huntington Williams, M.D.

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Dec 27, 1937

last saw her alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 3.P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast Scirrhous	Unknown

Other contributory causes of importance:

Acute Myocarditis	12/20/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. B. Titlow M. D.

(Address) 315 S. Highland Ave.

12333 ✓ E 12333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 928 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr. Charles W. Potter

(a) Residence: No. 508 E. 20th St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Belle Bevis Potter

6. DATE OF BIRTH (month, day, year) March 24 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private practice

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Hamilton Ohio

FATHER

13. NAME Charles W. Potter

14. BIRTHPLACE (city or town) (State or country) Solon New York

MOTHER

15. MAIDEN NAME Elizabeth Hamilton

16. BIRTHPLACE (city or town) (State or country) Hamilton Ohio

17. INFORMANT Wife (Address) 508 E. 20th Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Hamilton Ohio Date Dec 30 37

19. UNDERTAKER Albert M. Penegar (Address) 440 E. North Ave.

20. FILED ..... 19..... Registrar

DEC 29 1937 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-19-37, 1937 to 12-28, 1937

I last saw h. alive on 12-28, 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Ca of prostate — Date of onset 1936 ?

Other contributory causes of importance:

Uremia — Nov 37 ?

Was an operation performed? yes Date of 12-18-37

For what disease or injury? Ca of prostate

Name of operation Supra Pubic cystotomy

What test confirmed diagnosis? Path Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard W. Jones M. D.

(Address) Church Home & Infirmary

D 12334

HEALTH DEPARTMENT—CITY OF BALTIMORE

12334 23

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-1 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gust Barcdares (28278)

(a) Residence: No. 916 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ettinia

6. DATE OF BIRTH (month, day, year) Feb. 25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Chris

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec. 29, 1937

19. UNDERTAKER J. Francis Regan
(Address) Westminster Md.

20. FILED 1937 Registrar

DEC 29 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15 1937 to December 23, 1937

I last saw h... alive on December 23 1937. Death is said to have occurred on the date stated above, at 12 35 m. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Lungs	Feb 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

12335 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12335

CERTIFICATE OF DEATH 59 27671 JS

Registered No. 12-12

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR None

2. FULL NAME Herman Creszell
(a) Residence: No. Joppa Harford Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Creswell

6. DATE OF BIRTH (month, day, year) 2-5-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 1
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Thomas
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Ethel Jordon
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mountain View Date 12/31/37
19. UNDERTAKER Frankenfield Bros. (Address) Govans, Md.
Huntington Williams, M.D.
29 1937 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-21-1937 to 12-28-1937
I last saw him alive on 12-28-1937 Death is said to have occurred on the date stated above, at 9:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	?
Gangrene of left lung	11-30-37
Staphylococcus Pulmonalis	12-13-37
Collateral	over
Other contributory causes of importance:	

Was an operation performed? yes Date of 12-23-37 & 12-27-37
For what disease or injury? Nephritis Left lung & Parotitis
Name of operation Hebb Fugian Left lung - 110 parotid 2nd
What test confirmed diagnosis? Pathology Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) A. L. Brantigan, M. D.
(Address) Baltimore City Hosp.

F 12336

12336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 B RHW

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Jones

(a) Residence: No. no home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-11-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckingham, Va.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL DEC 29 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address) Huntington Pitts[illegible]

DEC 29 1937

371.5 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to December 23, 1937
I last saw him alive on December 23 1937. Death is said to have occurred on the date stated above, at 12 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorhage	12-23-37
Other contributory causes of importance:	
Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Moore, Lankford, M. D.

(Address) Baltimore City Hospitals

12337 F 12337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29089--CM 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Beckett (Mildred) "A"

(a) Residence: No. 3715 Benefit St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-37

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harley

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Mildred Hoffer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 29 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 19 Registrar.

DEC 29 1937

376 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1937 to 12/19 1937

I last saw h[illegible] alive on 12/19 1937 Death is said to have occurred on the date stated above, at 11.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-Maturity	
Total Atelectasis	12/15

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles L. Goodlander M. D.

(Address) Baltimore City Hospitals.

12338 F 12338

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29101 SF

CERTIFICATE OF DEATH

Registered No. 34-9-87

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Allen

(a) Residence: No. 415 N. Roppleton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50Y			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date DEC 29 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

DEC 29 1937 19 Interment, Removal, or Cremation

517 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23 1937

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1937, to December 23, 1937

I last saw him alive on December 23, 1937 Death is said to have occurred on the date stated above, at 6½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-20-37
Other contributory causes of importance: Cerebral hemorrhage	Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Der Armenbla M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Guy Michael Lombardi

(a) Residence: No. 748 Linnard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) April 1st 1937

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Angelo Lombardi

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

MOTHER

15. MAIDEN NAME Ada Terry Burns

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT (Address) Mrs A. T. Lombardi 748 Linnard St.,

18. ~~BURIAL, CREMATION OR~~ REMOVAL

Place Philadelphia, Pa. Date Dec 29th 1937

19. UNDERTAKER (Address) Wm J Tickner & Sons J H Baker

20. FILED 19 Registered

DEC 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937 to December 28 1937

I last saw h. alive on December 28. 1937 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hydrocephalus, congenital	4/37
Other contributory causes of importance: Bronchopneumonia, bilateral	12/26/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Everett S. Dripps M. D.

(Address) University Hospital

F 12340

12340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 28-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3719 Woodbine Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Granville Lilly
If U. S. Veteran — specify WAR

(a) Residence: No. 3719 Woodbine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine E. Lilly

6. DATE OF BIRTH (month, day, year) April 12-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beautician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME George W. Lilly
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Catherine E. Lilly
(Address) 3719 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec. 30 1937

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1937 to Dec 28 1937
I last saw him alive on Dec 27 1937 Death is said to have occurred on the date stated above, at 3:34 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 18

Other contributory causes of importance: Acute Myocardial Degeneration

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. C. Hocker M. D.
(Address) 29 W. Mulberry St

F 12341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-F 12341

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In Car, in driveway, 45-6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Howe

(a) Residence: No. 3201 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Ann

6. DATE OF BIRTH (month, day, year) Sept 9th 2

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eugenia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Ethel Ann

(Address) 4002 Belmore Ave.

18. DISPOSITION, OR REMOVAL

Place Rush C. Texas Date Dec 31, 1937

19. UNDERTAKER Fredk. Lassahn & Son

(Address) 7401 Belair Rd.

20. FILED 19 Registrar

DEC 29 1937 Huntington Woods, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above. 8-9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Sam Larmer M. D.

Coroner

(Address) 1215 Harlem Ave

M. D. P. 1268-b

✓ F 42342

2342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton ave, St., 17-5 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Rose Campagne

(a) Residence: No. 343 W. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ambrom Campagne 1551

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME James O Burke
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Powers
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Jenkins Mem. Hospt 1000 Eaton Ave

18. BURIAL, CREMATION OR REMOVAL: Place Westminster Date 12/30 1937

19. UNDERTAKER: Wm Cox (Address) 1219 E Monument St

20. FILED DEC 29 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1931 to Dec. 29, 1937

I last saw her alive on Dec. 29, 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	?
Other contributory causes of importance: Arthritis Deformans	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J Shumaker M. D.

(Address) St Agnes Hospital

F 12343 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12343

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Feige

(a) Residence: No. 23 S. Linwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August A Feige

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Hagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johanna Lonnecker
(Address) 627 Homestead St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 12/31/37

19. UNDERTAKER Jas Cook
(Address) 1314 E. Lombard

20. FILED 12 31 1937 Thomas Williamson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Dec 29, 1937

I last saw her alive on Dec 29, 1937 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
(1)	Acute Cholecystetis c Ruptured Gall Bladder	12-27-37
(2)	Generalized Peritonitis	
(3)	Strangulated Femoral Hernia (left)	

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? yes Date of 12-27-37

For what disease or injury? Ruptured Gall Bladder & Strangulated Hernia

Name of operation Laparotomy

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudeman M. D.

(Address) St. Joseph's Hospital

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12311

F 12311

63

F 12311

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kernans Hospital (St.) 15-6 (WARD)

2-FULL NAME Edgar Keen Jr. (KERNAN HOSPITAL)

(a) RESIDENCE NO. 3018 HERBERT ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 (Single) Married, Widowed, or Divorced, (write the word): SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 14 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
(M)	14	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: SCHOOL BOY

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

PARENTS

10 NAME OF FATHER Edgar R. Keen

11 BIRTHPLACE OF FATHER (city or town) (State or country) CITY

12 MAIDEN NAME OF MOTHER Viola Hooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) CITY

14 Informant Hospital Record

(Address)

15 DEC 29 1937 Huntington Williams, R.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28 1937

17 I HEREBY CERTIFY, That I attended deceased from SEPT. 1937, to DEC. 1937, that I last saw HIM alive on DEC 28, 1937, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

RESPIRATORY FAILURE DUE TO ANAESTHESIA.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? YES Date of 12-28-37

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) C. J. Trimball M. D.

19 (Address) Kernan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 31 1937

20 UNDERTAKER: Margaret D. Flynn

ADDRESS: 1422 Light St

THION is very important. See instructions on back of certificates.

12345 HEALTH DEPARTMENT—CITY OF BALTIMORE 12345

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Light St. St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph A. Fiedt

If U. S. Veteran specify WAR

(a) Residence: No. 269 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Sipp

6. DATE OF BIRTH (month, day, year) Dec. 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Fiedt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Fiedt (?)

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Fisher

(Address) 200 Milton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date Dec. 30, 1937

19. UNDERTAKER Fred R. Cramer Inc.

(Address) 216 N. Fremont St.

29 1937 Huntington Woods, Md. Registered No. 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/17/37, 19.., to 12/27/37, 19..

I last saw him alive on 12/27/37, 19.. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (upper right)	12/20/37
Other contributory causes of importance:	
Bronchiectasis	
Chronic Nephritis	

Was an operation performed? No Date of

For what disease or injury? ?

Name of operation None

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Saml Miller M. D.

(Address) 1228 N. Charles St.

12345 HEALTH DEPARTMENT—CITY OF BALTIMORE 12346

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of Poor (St.) 1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Rhein

(a) Residence: No. 1200 Valley St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bongle

6. DATE OF BIRTH (month, day, year) Sept. 1 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carriage Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER FATHER

13. NAME John Rhein

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Weyant

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.

(Address)

18. BURIAL, CREMATION, REMOVAL Interment Place Loudon Park Date Dec 31 1937

19. UNDERTAKER William Cook

(Address) 1217 Edmondson Ave

20. FILED ..... 19..... Registrar.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to Dec 27 1937

I last saw h.. alive on Dec 24 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis Hypertension	? ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. McCarthy M. D.

(Address) 1114 Eastern Ave

12317 HEALTH DEPARTMENT—CITY OF BALTIMORE 12317

CERTIFICATE OF DEATH

120

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. + Bell. Gen. Hosp. St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William J. Lynch

(a) Residence: No. 2624 Walbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Lynch

6. DATE OF BIRTH (month, day, year) Sept 16, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) Nov. 12 (?) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence R.I.

FATHER

13. NAME William Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Veasy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Gertrude Lynch
(Address) 2626 Walbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/31/37

19. UNDERTAKER Chas. P. Fraser & Son
(Address) 118 W. Mt. Royal Ave

20. FILED 19 Registrar

DEC 28 1937 Pennington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937 to Dec. 28, 1937

I last saw h alive on Dec. 28, 1937. Death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	Nov. 12
Other contributory causes of importance	

Was an operation performed? yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Pennington Williams, M. D.

(Address) W 8 7th

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12348 — CERTIFICATE OF DEATH — 18 F 12348

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas D. Smith

(a) Residence: No. Randallstown, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dickson Smith

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Grace Goodwin

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Father Randallstown, Md

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Dec 30. 1937 Funeral Director

19. UNDERTAKER (Address) M. Jos. Effer & Son 1600 N. Gilmor St. Baltimore, Md.

Registrar Huntington Williams, M.D.

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27-1937 to 12-28-1937

I last saw him alive on 12-28-1937 Death is said to have occurred on the date stated above, at 3 35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis and septicemia	12-27
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milward Webster M. D.

(Address) Sydenham Hosp

M. D. B 1268-9

F 12319

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12319

CERTIFICATE OF DEATH

1678-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME C Henry Rathgeber

(a) Residence: No. 2757 Riggs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rathgeber

6. DATE OF BIRTH (month, day, year) aug 7 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88.	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc B & O. Veteran

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME C Christian Rathgeber

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Rosa Salzwedel

(Address) 1812 Mosher St. Balto.

18. BURIAL, CREMATION, OR REMOVAL:

Place Woodlawn Date Dec 30. 1937

19. UNDERTAKER Frank Cook Byron

(Address) N.C. & W. Sts. Balto. Md.

DEC 29 1937

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec. 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3.4.37

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminating Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/19. 1937

Where did injury occur? 2757 Riggs Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell from bed to floor striking head

Nature of injury Cerebral hemorrhage & contusion of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Adam Graves M. D.

(Address) 1216 Hanover

CRANE

HEALTH DEPARTMENT—CITY OF BALTIMORE

12350

CERTIFICATE OF DEATH

108 F 12350

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Dolphin St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Crane

If U.S. Veteran specify WAR ___.

(a) Residence: No. 560 Dolphin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander

6. DATE OF BIRTH (month, day, year): Dec 23 1858

7. AGE: Years 79 | Months | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Caroline Howard

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Gertrude Patterson
(Address) 560 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/31/37

19. UNDERTAKER: Mrs. George F. Collard
(Address) 65 Druid Hill

DEC 29 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1937 to Dec. 28 1937

I last saw her alive on 24 Dec 1937 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Polar) — Date of onset Dec 22

Other contributory causes of importance:

Nephritis & Arteriosclerosis — Dec 22

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Rutz M. D.

(Address) 1344 Druid Hill Ave

12351 ✓ F 12351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B CC

Registered No. 1877

1. PLACE OF DEATH Home
CITY OF BALTIMORE: (No. 818 S. Glover St. 1-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Frank Jankiewicz
(a) Residence: No. 818 S. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of Antonetta Jankiewicz

6. DATE OF BIRTH (month, day, year) Nov. 16-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster House
10. Date deceased last worked at this occupation (month and year) Dec. 27-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Martin Jankiewicz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Bachun
(Address) 766 Henderson St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date DEC 30 1937

19. UNDERTAKER Stephen J. Trakowski INC
(Address) 1000 S. Kenwood Ave

20. FILED DEC 29 1937 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry, find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	Dec. 27-1937
Other contributory causes of importance: Arterio - Sclerosis	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 1712 N. Broadway

12352 ✓ F 12352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Riggs Ave. St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred K. Workman,

If U. S. Veteran specify WAR .....

(a) Residence: No. 2816 Riggs Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) December 10.1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	--	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Orion C. Workman,

14. BIRTHPLACE (city or town) (State or country) Georgetown Del.

MOTHER

15. MAIDEN NAME Lavinia C. Bailey,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Lavinia C. Workman, 2816 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Bridgeville Del. Dec. 30. 1937

19. UNDERTAKER Geo. W. Little (Address) 2700 Edmondson Ave.

20. FILED 29 1937 Huntington Williams, M.D. H

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1937 to Dec 28th 1937

I last saw h[illegible] alive on Dec 28th 1937 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of knee, Ivasion	
Heart Failure	Dec 1937
Other contributory causes of importance:	
Encephalitis	1910

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J E Poulton M. D.

(Address) 3901 Gamon Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

12353 12353

CERTIFICATE OF DEATH

44-D

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-4 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Board

If U. S. Veteran specify WAR

(a) Residence: No. 1601 1601 Jackson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Board

6. DATE OF BIRTH (month, day, year) Feb. 12 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Kentucky

FATHER

13. NAME Nathaniel Board

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Dunham

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT E. B. Board

(Address) 1601 Jackson

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 31 1937

19. UNDERTAKER Geo. Bernard Evans

(Address) 1924 Eastern Ave

29 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Dec 28, 1937

I last saw him alive on Dec-28, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia due to B. Tularense	Dec 7-1937
Ulceroglandular Tularemia	Nov 10-1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Irwin Gerber M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

✓ F 12354

12354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1544 Boyle St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaretha Meushaw

(a) Residence: No. 1544 Boyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Meushaw

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Sophia Kark

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Burns

(Address) 1544 Boyle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 31, 1937

19. UNDERTAKER H. Raymond Evans

(Address) 1200 Schultz St

FILED 29 1937 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. ..., 1936 to Dec. 28, 1937

I last saw her alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic Myocarditis	1923
Chronic Nephritis with Uremia	1936

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Faccoda, M. D.

(Address) 707 E. Fort Ave.

V 5 3

OCCUPATION is very important. See instructions on back of certificate.

12355 ✓ F 12355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Kensett St. 13-3 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Kavaliauskas

If U. S. Veteran specify WAR

(a) Residence: No. 1515 Kensett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kavaliauskas

6. DATE OF BIRTH (month, day, year) Not know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuanian

FATHER

13. NAME ? Kavaliauskas

14. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER

15. MAIDEN NAME Not know

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT Mr. Julius Kavaliauskas

(Address) 1515 Kensett Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 31 1937

19. UNDERTAKER John A. Greblauckas Jr.

(Address) 1523 S. Pace St.

20. FILED DEC 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Dec 28, 1937

I last saw h[im] alive on Dec 28, 1937 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	1927
Other contributory causes of importance: Arteriosclerotic cardiovascular disease with Chronic myocarditis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel P. Weranski M. D.

(Address) 1910 N. Monroe Ave.

F 42356

HEALTH DEPARTMENT—CITY OF BALTIMORE

12356

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1139

CITY OF BALTIMORE: (No. West Baltimore Gen. St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Floyd Riggs

(a) Residence: No. 128 Lakeside Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Floyd R. Riggs

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Witherdean Wilt

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Floyd Riggs

(Address) 128 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cemetery Date Jan 1 1938

19. UNDERTAKER C. M. Voltz

(Address) Irvington, Md.

20. FILED ... 19... Register ... Irvington, Md.

C 30 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an ... (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 2:40 pm

Date of onset

Acute Nephritis, uremia

Cerebral edema,

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Reger Carnes Coroner M. D.

(Address) 1215 Harlem Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12357 F 12357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2522 E. Eager St. 8-7 ✓ 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Margaret Foster No Record

3a) Residence: No. 2011 E. Federal St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced (or) WIFE of Charles F. Foster

6. DATE OF BIRTH (month, day, year) Oct. 29, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc home

10. Date deceased last worked at this occupation (month and year) Dec 28, 1937

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Walter Foster

(Address) 2011 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 1st, 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937, to Dec. 28, 1937

I last saw her alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1937

Other contributory causes of importance:

hypertension	1933
Arterio-sclerosis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. C. Schlink, M. D.

(Address) 1717 N. Kenwood Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

12358

HEALTH DEPARTMENT—CITY OF BALTIMORE

12358

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Nevin

If U. S. Veteran specify WAR No Record

(a) Residence: No. 719 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mrs Ernest Nevin

6. DATE OF BIRTH (month, day, year) Aug. 5, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marble

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Nevin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Emmins

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT L. S Nevin (Brother)

(Address) 2718 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs Texas Date Dec 31st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 30 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 12-5-, 1937, to 12-29-, 1937

I last saw him alive on 12-29-, 1937. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation due to	
Mural fibrillation	
Other contributory causes of importance:	
Cirrhosis of liver	over
Intestinal hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Sullivan, M. D.

(Address) Mercy Hospital

DEC 30 1937

12359

HEALTH DEPARTMENT—CITY OF BALTIMORE

12359

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Montpelier St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hank S Dingle

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1626 Montpelier St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Nora M. Dingle

6. DATE OF BIRTH (month, day, year): Oct 23 1872

7. AGE: Years 65 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Match Boy & Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M & M S S Co

10. Date deceased last worked at this occupation (month and year): Dec 27/37

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Dingle

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary E Hammelbock

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Nora M Dingle

(Address) 1626 Montpelier

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/31 . 19 37

19. UNDERTAKER: Wm Cox

(Address) 1248 Park Ave

20. M. D. DEC 31 1937 [illegible] Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 29 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 . 1937 to Dec 29 . 1937

I last saw him alive on Dec 28 . 1937. Death is said to have occurred on the date stated above, at 1 A M

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Cerebral & Cerebral Arteriosclerosis & Hypertension

Date of onset: ? ?

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Blake M. D.

(Address) 1108 Mt Lane

F 12360

12360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D. V. 93-C

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 W. Rogers Ave. (Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Mary V. Dolan

(a) Residence: No. 2808 W. Rogers Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Jan 6 about 1852

7. AGE: Years about 85 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Oct 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Florence Pfeifer

(Address) 2806 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/31 . 1937

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

20. FILED DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 . 1937. to Dec 27/37 . 19

I last saw h alive on Dec 27 . 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Myocarditis from history about 2 mo.

Bronchopneumonia Dec 27-37

Other contributory causes of importance: Arterio sclerosis ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wallace Dunbar M. D.

(Address) 2220 Harlem Blvd

12361 12361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 25304 (M) 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-1 Ward)

Length of residence in city or town where death occurred 1 yr. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hentz

(a) Residence: No. 1321 Hull Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle (deceased)

6. DATE OF BIRTH (month, day, year) 12/28/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None Retired Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation about 4

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John J. Hentz

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Mullany

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 12/30/37

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Baltimore St

20. FILED ... 19... ... Registrar.
(Municipality or County) Baltimore, Md.

DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to December 27, 1937

I last saw him alive on December 27, 1937. Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

12362 E 12362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 127

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp 200-2 St. ..... Ward)

Length of residence in city or town where death occurred 40 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Julia Maguire

(a) Residence: No. 2573 W Fayette St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy F. Maguire

6. DATE OF BIRTH (month, day, year) Aug. 19th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Dee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Fitzmonis

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine Maguire
(Address) 2573 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/31/37

19. UNDERTAKER John J. Corran & Son
(Address) 901 Hollins St.

20. FILED 12/31/1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1937 to 12/28, 1937

I last saw her alive on 12/28, 1937 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Surgical shock	
Localized peritonitis	

Other contributory causes of importance:

Was an operation performed? yes Date of 12/22/37

For what disease or injury? Acute Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D.W. Dippenaar M. D.

(Address) Bon Secours Hospital

F 12363

12363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1-3607-A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2542

CITY OF BALTIMORE: (No. [redacted] Foster Ave. St. 1-3 (07-A) Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Norma St. John

(a) Residence: No. 2542 [redacted] Foster Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of :

6. DATE OF BIRTH (month, day, year) May 22 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Normand St.John

14. BIRTHPLACE (city or town) (State or country) Washington Dc.

MOTHER

15. MAIDEN NAME Frances Stefankiewicz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frances St.John
(Address) 2524 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec. 30 1937

19. UNDERTAKER Fred W Ozarowski
(Address) 1930 Eastern Ave.

20. FILED 19 [illegible]
DEC 30 1937 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1937 to Dec 28 1937

I last saw him alive on Dec 28 1937. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 27
Other contributory causes of importance: Cardiac Dilatation	Dec 28

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J Ryan M. D.

(Address) 801 Hanover St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12364 — CERTIFICATE OF DEATH — 47-C — F 12364

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital, 26-7

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Konardus Chrisos,

(a) Residence: No. 4711 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turkey

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec. 30, 1937

19. UNDERTAKER J. Francis Reese

(Address) Westminster, Md.

DEC 29 1937 Huntington, Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1937 to 12-26-1937

I last saw him alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 8:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	-
and Carcinomatosis	-

Other contributory causes of importance:

Hypostatic Pneumonia	12-10-37

Name of operation none Date of

What test confirmed diagnosis? Clin. + Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence J. Shumaker M. D.

(Address) St Agnes Hosp

See instructions on back of certificate. OCCUPATION is very important.

12365 E 12365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2307 Homewood ave 9-8 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Brooke Gardner
(a) Residence: No. 2307 Homewood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Gardner

6. DATE OF BIRTH (month, day, year) Feb. 21. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) a a co Md

FATHER
13. NAME Samuel Gardner
14. BIRTHPLACE (city or town) (State or country) a a Co., Md.

MOTHER
15. MAIDEN NAME Eliza Bevan
16. BIRTHPLACE (city or town) (State or country) a a Co., Md

17. INFORMANT (Address) Grace Gardner 705 Washington ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date Dec. 31 1937

19. UNDERTAKER (Address) Margaret G. Flynn 1422 Light St.

20. FILED DEC 31 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1937 to Dec 29, 1937
I last saw h[illegible] alive on Dec. 29, 1937 Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina. Pectoris.	
Other contributory causes of importance: arterio. Sclerosis.	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Thos. H. Mogner M. D.
(Address) 14. E Chase St.

C 33 1937

F 12366

12366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Lasakowski

(a) Residence: No. 1200 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellie

6. DATE OF BIRTH (month, day, year) Mar 23, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 40 yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Lasakowski

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Superior (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 31. 1937

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED Dec 31 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1937. to Dec 28 1937.
I last saw h[illegible] alive on Dec 24 1937. Death is said to have occurred on the date stated above, at 9:00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis	?
Senility	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Obs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. M. C. Corker, M. D.

(Address) 1114 Hollins St

OCCUPATION is very important. See instructions on back of certificate.

F 12367

12367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital 10-2 St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Turnipseed

(a) Residence: No. 1219 E. Madison St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Turnipseed

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Annabelle McNeal

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT Mother

(Address) 1219 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/30 1937

19. UNDERTAKER Payne Sanders

(Address) 1493 E Preston St

20. FILED DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28 1937

22. I HEREBY CERTIFY, That I attended deceased from December 23 1937 to December 28 1937

I last saw her alive on December 28 1937 Death is said to have occurred on the date stated above, at 10 35 1 m.

The principal cause of death and related causes of importance were as follows:

Pertussis, Interstitial pneumonia — Date of onset Dec 9 '37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry S. Sinkel M. D.

(Address) Lydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12368

CERTIFICATE OF DEATH

92-aF 12368

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1272 Riverside Ave. St. 24-3 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Augustus Sommers

(a) Residence: No. 1272 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia F. Sommers

6. DATE OF BIRTH (month, day, year) Nov. 15, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black Smith

10. Date deceased last worked at this occupation (month and year) 11a. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME UnKnown

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Arga Sommers

(Address) 116 E. Hamberg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Date 12/30/37

19. UNDERTAKER Wm. C. Fell & Son

(Address) 1211 Pennsylvania Ave.

DEC 30 1937

Huntington Pittsburgh, Pa.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	
Heart	
Other contributary causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Claiborne M. D.
Coroner

(Address) 2757 W. Ross

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12369

CERTIFICATE OF DEATH 9785--CM 108 F 12369

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Isabelle Bell

(a) Residence: No. 3949 Roland Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bell.

6. DATE OF BIRTH (month, day, year) 4-18-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? Pires

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fan le Moulice

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Jan 1, 1938

19. UNDERTAKER Thomas Hodgin
(Address) 3415-17 Eastern Ave.

FILED DEC 29 1937 Registrar Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to December 29, 1937

I last saw her alive on December 29, 1937. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-25-37

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. Da Lautella M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

(To Ham - Hanover St.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12370

CERTIFICATE OF DEATH

82-a F 12370

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie I. Hepding

(a) Residence: No. 2829 Hampden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H Hepding

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary A Scanlon

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT John H Hepding

(Address) 2829 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 193

19. UNDERTAKER Ebenezer Sons

Address 31 Eastern Ave

DEC 30 1937

20. FILED

Harrington Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 825 Ams

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann, Cor M. D. Coroner

(Address) 1710 Hanover Ave

12371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12371

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Lakeside Ave St., 9-3 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Sutherlet

(a) Residence: No. 1521 Lakeside Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write this word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis X. Sutherlet

6. DATE OF BIRTH (month, day, year) May 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	66	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hughes.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Paul M. Taylor

(Address) 1521 Lakeside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 31 1937

19. UNDERTAKER Wm. Victory Sons

(Address) North & Pa Aves.

DEC 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937, to December 29, 1937

I last saw h.. alive on December 29, 1937. Death is said to have occurred on the date stated above, at 7:45a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	9-13-37
Coronary Occlusion	12-28-37

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert G. Singewald, M. D.

(Address) 1513 N. North Ave.

F 12372

12372 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joyce Hansen

(a) Residence: No. 735 w Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 17-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Hansen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bernice Smith

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Bernice Smith
(Address) 735 w Saratoga St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Zions Date Dec 30, 1937

19. UNDERTAKER Mrs Katie P. Williams
(Address) 322 E Lanvale st.

20. FILED 19 Reg. No.

DEC 30 1937 Registrar of Vital Statistics, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) did that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia (primary)	Dec 25 37
Other contributory causes of importance: —	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
(Address) 50 Lanvale St

12373 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12373

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital St. 18-2 Ward) Registered No. 11-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roy Carter

(a) Residence: No. 106 N Schroeder St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Carter

14. BIRTHPLACE (city or town) (State or country) Danville, Va

MOTHER

15. MAIDEN NAME Nicholas Walton

16. BIRTHPLACE (city or town) (State or country) Farmville, Va

17. INFORMANT Nicolas Carter (Address) 106 N Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lion Date Dec. 1937

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St

20. FILED DEC 30 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 29 1937

I last saw h.im alive on Dec 29 1937 Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

Diphtheritic Meningitis — Date of onset .....

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry L. Rigdon M. D.

(Address) Municipal Hosp.

F 42374 F 42374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-4 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N Wolfe St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Simpson

(a) Residence: No. 1025 N Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Simpson

6. DATE OF BIRTH (month, day, year) May 22 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Mamie Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Wesley Simpson (Address) 22 Pomeranian

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 12-30 1937

19. UNDERTAKER Mrs R. A. Elliott Daughter (Address) 1124 N. Caroline St.

20. FILED 1937 Huntington Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1937 to Dec 27 1937

I last saw h alive on Dec 26 1937 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 23 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Dellen M. D.

(Address) 5 E Chesapeake St

DECLARATION IS NOT Important. See instructions on back of this sheet.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12375

CERTIFICATE OF DEATH

F 12375

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 695 Pierce St. 171 Ward)

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hall

(a) Residence: No. 695 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Hall

6. DATE OF BIRTH (month, day, year): Feb 16, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William Griffe

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Eliza Beth Parker

16. BIRTHPLACE (city or town) (State or country): Culpepper Va.

17. INFORMANT (Address): Elizabeth Smith 936 Rock Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 31, 1937

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N Schroeder St.

20. FILED [illegible] 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

C 33 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1937 to Dec 28th 1937

I last saw her alive on Dec 28th 1937. Death is said to have occurred on the date stated above, at 1:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	

Other contributory causes of importance:

Nephritis acute
Uremia 24 hours
death in coma.

Name of operation: Date of:

What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Evans M. D.

(Address) 667 W. Franklin St.

12376 HEALTH DEPARTMENT—CITY OF BALTIMORE 12376

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 George St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bell

If U. S. Veteran specify WAR

(a) Residence: No. 830 George St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia M Bell

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Randolph Bell

14. BIRTHPLACE (city or town) (State or country) Carroll County Md

MOTHER

15. MAIDEN NAME Katy Bassett

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Mrs Lydia Bell

(Address) 830 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 30, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lanvale St

20. FILED Dec 30 1937 Harrington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/26
	37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Adler M. D.

(Address) 830 George St Coroner

OCCUPATION is very important. See instructions on back of certificate.

12377 12377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Charles Hall Randolph

(a) Residence: No. 1036 Vine St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/18/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Randolph

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Christine Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Christine Hall

(Address) 1036 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec. 30, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 19 By Deputy Registrar.

Hearing for Williams

DEC 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin Hanna M. D. Coroner

(Address) 1822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12378

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 N Carey St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mellon Moore

(a) Residence: No. 1542 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
(or) WIFE of Mary Moore

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Moore
(Address) 1542 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/30 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Preston St.

20. FILED DEC 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1937 to Dec 27 1937

I last saw him alive on Dec 26 1937 Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	4/1/37
Coronary Thrombosis	12/25/37

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Williams Ivey M. D.

(Address) 1708 Penna. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 12379 HEALTH DEPARTMENT—CITY OF BALTIMORE #29184

CERTIFICATE OF DEATH

23 F 12379

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Higgins

If U. S. Veteran specify WAR

(a) Residence: No. 921 Bennett Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Magnolia

6. DATE OF BIRTH (month, day, year) 9/15/04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	33	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nobella Brooks

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Co. Va. Date 12/30 1937

19. UNDERTAKER Thomas E. Kelaney
(Address) 1323 Pleasant St

20. FILED DEC 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26 1937

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937, to December 26, 1937

I last saw him alive on December 26 1937 Death is said to have occurred on the date stated above, at 5.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis and pleurisy tuberculous	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

F 12380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

155 F 12380

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N Ellwood Ave. Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Pruschel

(a) Residence: No. 622 N. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Pruschel

6. DATE OF BIRTH (month, day, year) Aug. 26, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Herman Dickhoss
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Pruschel (Address) 622 N. Ellwood

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Dec 31, 1937

19. UNDERTAKER John Leerist (Address) 202 S Broadway Hightstown, N.J.

DEC 30 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1937, to Dec 29, 1937

I last saw her alive on Dec. 28, 1937. Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget's Disease	1921
	over
Other contributory causes of importance: Chronic non-valvular Cardiac Disease	1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J Karl Grayman M. D.

(Address) 1212 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12381

CERTIFICATE OF DEATH

94-F 12381

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 East 20th St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard T. Gees

If U. S. Veteran specify WAR World War

(a) Residence: No. 442 East 20th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 ~~47~~		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 14yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F Gees

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Bessie Dunnigan

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Bessie Gees
(Address) 442 E 20th

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 31 1937

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED Dec 30 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28 1937

22. I HEREBY CERTIFY, That I attended deceased from November 14 1937 to December 28 1937

I last saw him alive on December 16 1937 Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Oct 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Reginald D. Tonry M. D.

(Address) 414 E. Northaven

OCCUPATIONS IS VERY Important. See instructions on back of certificate.

F 12382 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12382

N.E.C. 94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH In Restaurant
CITY OF BALTIMORE: (No. 1 E. Lombard St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR .....

2. FULL NAME George Washington
(a) Residence: No. 730 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1865

7. AGE Years	Months		If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME George Washington
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Matilda Stevens
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Curtis Washington
(Address) 908 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/30 1937

19. UNDERTAKER Emil W. Rose & Son
(Address) 1218 N. Gilmor

DEC 30 1937
Huntington Hilliard, Registrar

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above. ... (Inquest, Autopsy or Inquiry) obtained by said ... P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. Hampton Hare M. D. Coroner
(Address) 1216 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12383 CERTIFICATE OF DEATH X 10 F 12383

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Homberg Jr. If U. S. Veteran specify WAR

(a) Residence: No. Annapolis, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Robert Homberg

14. BIRTHPLACE (city or town) (State or country) Malto Md.

MOTHER

15. MAIDEN NAME Eleanor Grenson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mother
(Address) Annapolis

18. BURIAL, CREMATION, OR REMOVAL
Place Edwards Chapel Md Date Dec 30/37

19. UNDERTAKER: B. H. Johnson
(Address) Annapolis, Md.

Huntington Williams Asst.

DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28- 1937 to 12-29- 1937

I last saw him alive on 12-29- 1937 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheritic Laryngo-Tracheo-Bronchitis	12-23
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Wagbelstein M. D.
(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38062 F 12381 — CERTIFICATE OF DEATH — 53-C — F 12381

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-S Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Clarence Evans — If U. S. Veteran specify WAR

(a) Residence: No. Linwood md P.O. St., ... Ward. Cambridge Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-21-22

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bertha Burke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart of Mary Dec 30 37
Place Date

19. UNDERTAKER John F Connelly
(Address) 237 N Gay St John F Connelly

DEC 30 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-26-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1937 to Dec 26, 1937

I last saw him alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Cerebellar Malignant	
Other contributory causes of importance: None	

Was an operation performed? Yes Date of Nov 28, 1937

For what disease or injury? Brain Tumor

Name of operation Cerebellar Exploration

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Thomas Mason II M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12385

CERTIFICATE OF DEATH

154 F 12385

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine King

(a) Residence: No. 542 N. Chapel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph J. King

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Disney

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Joseph J. King
(Address) 542 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Dec 31 1937

19. UNDERTAKER Martin H. E. Dippel
(Address) 37 S. Amity St.

DEC 30 1937 Washington Hollowell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to Dec 29, 1937

I last saw her alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 1.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
15 d Acute Osteomyelitis left Tibia	12-20-37?
Acute Pericarditis 9 d	?
Secondary Anemia 13 d	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-26-37

For what disease or injury? Osteomyelitis tibia

Name of operation Drng of left leg.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Gilbert E. Kuhman M. D.

(Address) St. Joseph Hospital

12386 V E 12386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28669--CM 53-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 6-5 Ward)

Length of residence in city or town where death occurred 11yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pearl Young

(a) Residence: No. 409 N. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-6-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Pearl Young

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Maggie Wardell

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 12/31/37

19. UNDERTAKER Robert F. Weedon
(Address) 15 E. Monument St.

FILED DEC 30 1937 Huntington Printing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1937, to 12-29, 1937

I last saw her alive on 12-29, 1937 Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteosarcoma right humerus	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hospa.

12387 E 12387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6313 Weidner Av St., 27-8 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 78 yrs. 1 mos. 5 ds.

2. FULL NAME Sarah Louisa Bottomore

If U. S. Veteran specify WAR NONE

(a) Residence: No. 6313 Weidner Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): NOV-24-1859

7. AGE: Years 78 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto Co. Maryland

FATHER

13. NAME: Uriah J. Bottomore
14. BIRTHPLACE (city or town) (State or country): Balto Co. Md

MOTHER

15. MAIDEN NAME: Mary Louisa Krogler
16. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

17. INFORMANT: Katherina Bottomore (sister)
(Address) 6313 Weidner Av

18. BURIAL, CREMATION, OR REMOVAL.
Place: Loraine Cemetery Date: Dec 31-37

19. UNDERTAKER: Edward Mann Company
(Address) 101 Eutaw Place

FILED 19 Registrar.

DEC 30 1937 Huntington Pollard M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19__ to 12/27, 1937.

I last saw her alive on 12/27, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Hemorrhagic Nephritis, Mitral Regurgitation, Edema

Date of onset: Yrs Ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo H Hocking, M. D.

(Address) 5835 York Rd

F 12388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 12388

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2750 Alameda Blvd. St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary J. Rodgers

(a) Residence: No. 2750 Alameda Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Rodgers

6. DATE OF BIRTH (month, day, year) Dec. 15, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George T. Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ann E. Cooper,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Amanda M. Eckhardt
(Address) 2750 Alamada Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 1 1938

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Eager St

20. FILED Huntington Williams M.D.

DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to Dec 29, 1937

I last saw her alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 1230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fritz J. Kinzer M. D.

(Address) 2706 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12389 — 94-3 F 12389

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7500 Hollins Ferry Rd St.) (Ward) 27-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Stahli

(a) Residence: No. 3107 Rosekeng Ave (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh	Married Widower

5a. If married, widowed, or divorced (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) June 7, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blocker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Stahli

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Florence Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Charles D. Stahli 3107 Rosekeng Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 31, 1937

19. UNDERTAKER (Address) Walter E. Brush Sons Inc

19. FILED DEC 30 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	12/28

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Martin Kaufman M. D.

(Address) 822 W Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

12390 HEALTH DEPARTMENT—CITY OF BALTIMORE 12390

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hospital for Women of Md. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth K. Norris

If U.S. Veteran specify WAR

(a) Residence: No. 1409 John St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Norris

6. DATE OF BIRTH (month, day, year) June 24 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs.	min.
87	6	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

FATHER

13. NAME Richard Keene

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

MOTHER

15. MAIDEN NAME Jane Raleigh

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

17. INFORMANT Elizabeth K. Norris

(Address) 1409 John St

18. BURIAL, CREMATION, OR REMOVAL

Place Mem. Gardens Harford Co. Md Date Dec 31 1937

19. UNDERTAKER John Oehlschlager & Sons

(Address) 1900 Eutaw Place

20. FILED Dec 30 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28- 1937 to 12-27- 1937

I last saw her alive on 12-29- 1937. Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

1. Myocarditis
2. Cerebral Hemorrhage.

Date of onset

Other contributory causes of importance:

Arteriosclerosis, generalized.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mabel Wilkin, M. D.

(Address) Woman's Hospital

DEC 30 1937

OCCUPATION is very important. See instructions on back of certificate.

12391 E 12391

HEALTH DEPARTMENT—CITY OF BALTIMORE

28944--BHK

CERTIFICATE OF DEATH

Registered No. 95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Read — If U. S. Veteran specify WAR No

(a) Residence: No. 1516 Linden Ave. St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian (Kipp)

6. DATE OF BIRTH (month, day, year) 3/12/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dental Asst. 60 8

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Jesse Read

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME India Peyton

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 12/21/37

19. UNDERTAKER George D. Watts Jr. (Address) 1700 Whitelford Ave Balto

DEC 30 1937 Huntington Williams Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1937 to December 28, 1937

I last saw him alive on December 28, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Saulles M. D.

(Address) Baltimore City Hospitals

F 12392

12392

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Womans Hospital St. 8-1 Ward)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

U. S. Veteran
specify WAR

2. FULL NAME Mary Doris Sanders

(a) Residence: No. 3440 Ravenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Sanders

6. DATE OF BIRTH (month, day, year) May 21, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Claude Anderson

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

15. MAIDEN NAME Mary Schafer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. George E. Sanders

(Address) 3440 Ravenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 1, 1938

19. UNDERTAKER Wm. J. Dietzen & Sons, Inc.

(Address) Baltimore, Md.

20. FILED ... 1937 ... Registrar

DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: 3:17 pm

	Date of onset
Cerebral Hemorrhage,	

Other contributory causes of importance: Chronic Nephritis,

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Weyglandt M. D. Coroner

(Address) [illegible]

State CAUSE OF DEATH in plain terms. So that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

12393 ✓ F 12393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lewis William Thomason

(a) Residence: No. Charlotte North Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Attaway Thomason

6. DATE OF BIRTH (month, day, year) March 8 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oil Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Allen Lewis Thomason

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Tempy Phillips

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mr. Falls Lewis Thomason (son)

(Address) Charlotte N. Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Charlotte N.C. Date Dec. 30 1937

19. UNDERTAKER William J. Dickens & Son

(Address) North & Penna Ave

20. FILED 19 Registrar

DEC 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest or Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	
Cardiac failure	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler M. D.

Coroner

(Address) 1414 E. Northern

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

12394 12394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Huntingtown Ave 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Owen R. Duffy

If U. S. Veteran specify WAR

(a) Residence: No. 2609 Huntingtown Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ellen Duffy

6. DATE OF BIRTH (month, day, year) Aug 21 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoisting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Duffy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth McIntyre

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ellen Duffy

(Address) 2609 Huntingtown Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 12/31/37

19. UNDERTAKER Geo. E. Farley

(Address) Easton Conn. Stapleton

20. FILED 19 Registrar

(Signature)

C 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to Dec. 28 1937

I last saw h[illegible] alive on Dec. 28 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Dec. 27, 37
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 1112 N. 20th St.

State whether OCCUPATION is very important. See instructions on back of certificate.

12395 HEALTH DEPARTMENT—CITY OF BALTIMORE 12395

CERTIFICATE OF DEATH V93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 574 St. Mary St. St. 17-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yr. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Susie Barclay
If U. S. Veteran specify WAR

(a) Residence: No. 574 St. Mary St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Barclay

6. DATE OF BIRTH (month, day, year) Aug. 10, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens S.C.

FATHER

13. NAME Thomas Atwood

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Henry Barclay
(Address) 574 St. Mary St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville S.C. Date 1/1/ 38

19. UNDERTAKER Frances P. Hamley
(Address) 578 W. Biddle St

20. FILED ..... 19 ..... Registrar.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 37 to Dec 30 37

I last saw her alive on Dec 30 1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Sept 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Gage M. D.

(Address) 953 Augusta

OCCUPATION is very important. See instructions on back of certificate.

F 12396

F 12396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

Registered No. 10-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Julius B Barrow

(a) Residence: No. 1051 n Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Barrow

6. DATE OF BIRTH (month, day, year) Oct 3 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Julius Barrow

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Bertha Barrow

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hazel Barrow (Address) 1050 Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 12/31/ 1937

19. UNDERTAKER Frances A Stemsley (Address) 378 W Biddle St.

19 Filed 19 Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above on the 19 day of (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of abdomen	Dec 25/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-25-37

For what disease or injury? Gun shot wound

Name of operation Laparotomy Date of 12 25 37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 12-25 1937

Where did injury occur? Baltimore md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Public Place (Lavern) Roadway

Manner of injury Gun shot wound of abdomen by automatic

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Allen M. D.

(Address) 20 S Arsenal St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 12397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12397

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4680 Falls Road St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Dorothy H. Jones

(a) Residence: No. 4680 Falls Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin

6. DATE OF BIRTH (month, day, year) Dec 5, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32 22		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William C. Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sidney Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irvin Jones

(Address) 4680 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/31/ 37

19. UNDERTAKER Frances J. Hemsley

(Address) 578 W. Biddle St

20. FILED ..... 19..... Registrar.

DEC 31 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1937 to Dec 28 1937

I last saw h[illegible] alive on Dec 28 1937 Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 21 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, where? .....

(Signed) [signature] M. D.

(Address) 578 Biddle St

OCCUPATION is very important. See instructions on back of certificate.

12398

HEALTH DEPARTMENT—CITY OF BALTIMORE

12398

CERTIFICATE OF DEATH

X 12-6 V 46-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Watson

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. Chesapeake City, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Borger

6. DATE OF BIRTH (month, day, year) Dec. 20, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman p 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant Seamen

10. Date deceased last worked at this occupation (month and year) 11-[illegible]-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country): Chesapeake City, Md.

FATHER

13. NAME: George Watson

14. BIRTHPLACE (city or town) (State or country): Chesapeake City, Md.

MOTHER

15. MAIDEN NAME: Henriett a Morgan

16. BIRTHPLACE (city or town) (State or country): Chesapeake City, Md.

17. INFORMANT (Address): Records - U. S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date Dec. 31, 1937

19. UNDERTAKER (Address): E. Leroy Stauffer, Inc. 525 E. Monument Ave.

20. FILED [illegible] Director of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937 to December 27, 1937

I last saw h[illegible] alive on December 27 1937. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, primary, peritoneum	unknown
Peritonitis, general	11-20-37

Other contributory causes of importance:

Was an operation performed? yes Date of 12-6-37

For what disease or injury? Carcinoma

Name of operation Exploratory laparatomy, biopsy.

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) K K Bryant, M. D.

(Address) U. S. Marine Hospital, Balto Md.

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

DEC 31 1937

F 12399

12399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29408--RHW

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward) 07-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kaufmanz

(a) Residence: No. 771 W. Lexington St. St., ... Ward. 771 W Lexington St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/?/1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agatha Shissler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Date Jan. 1 1938

19. UNDERTAKER Kerry Hoed (Sons) Inc

(Address) 18 E. Fayette St

20. FILED DEC 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28 1937 to December 29 1937

I last saw him alive on December 29 1937 Death is said to have occurred on the date stated above, at 8-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-27-37
Other contributory causes of importance: Benign prostatic hypertrophy with urinary obstruction Unknown	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Clinical

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in full. See instructions on back of certificate.
OCCUPATION is very important.

12400 F 12400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie Buckley

(a) Residence: No. 1426 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write) the word
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Buckley

6. DATE OF BIRTH (month, day, year) Dec 25-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joe Butler

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT John Butler

(Address) 1007 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem. Date 12/31 37

19. UNDERTAKER T. E. Kelson

(Address) 1303 Pressman St

Filed 19 Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adopted by me (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe femoral Artery	12/25/37

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 12-25 1937

Where did injury occur? 1426 Parrish St Balto md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Was stabbed & cut by knife

Nature of injury during a 3 man fight

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George T. Allen M. D.
Coroner

(Address) 515 Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 6

Elizabeth Doll

F 12401 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12401

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER Harry H. Duff
(Address)

20. FILED ..... 19 ..... Registrar

DEC 31 1937

Registrar of Vital Statistics, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to December 30, 1937

I last saw h[illegible] alive on December 29, 1937. Death is said to have occurred on the date stated above, at 5a A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1921
Hypertension	1921
Cardiac decompensation	1937

Other contributory causes of importance:

Myocardial insufficiency	1937

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation none

What test confirmed diagnosis Clinical findings autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Anthony V. Bucheri M. D.

(Address) 37 S. Stricker St

state CAUSE OF DEATH in plain terms. Name of way of certificate. OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—F.B.R.S.—400 Blks.

F 12402

HEALTH DEPARTMENT—CITY OF BALTIMORE F 12402

CERTIFICATE OF DEATH.

47-B

Registered No. 16-8

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 N. Helen St., 16-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hild

(a) Residence No. 708 N. Helen St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Hild

6-DATE OF BIRTH (month, day and year) Sept 8 1879

If LESS than 1 day, ...hrs. or ...min.?

7-AGE 58 yrs. 3 mos. 21 ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 2031

(c) Name of employer George Smith Philadelphia

9-BIRTHPLACE (city or town) (State or Country),

PARENTS.

10-NAME OF FATHER, Chas Hild

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER, Ruth Vogler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Wash DC

14- (Informant) Henry Hild

(Address) 708 Helen St

15-

Filed DEC 21 1937 192 Registrar. Huntington Indiana

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 29 1937

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Dec 29 1937

that I last saw h alive on Dec 29 1937

and that death occurred, on the date stated above, at 9.00 PM m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Pulmonary)

(Duration) 1 yrs. mos. 28 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray + Physical

(Signed) L. G. Lally, M. D.

, 19 (Address) 3517 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL, 12/31, 19 37

20-UNDERTAKER Harry H. Tuttle

ADDRESS 4101 Eastern Ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

12103 E 12103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-V4

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Clifton Ave., St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ziegler,

(a) Residence: No. 2027 Clifton Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Ziegler,

6. DATE OF BIRTH (month, day, year) June 30, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schneider,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Carrie B. Ziegler, 2027 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Cem. Jan. 3. 1938

19. UNDERTAKER (Address) Geo. A. Shuba 2700 Edmondson Ave.

20. FILED 19 (Month) (Day) (Year)

C 3 1937 Hunting for Patient

State cause of death in this space. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to Dec 30, 1937 That I saw her alive on Dec 29, 1937 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	1930
Other contributory causes of importance: Chronic myocarditis	1932

Was an operation performed? No Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Pathological examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gerard C. Wiesecker M. D.

(Address) 1410 N. North Ave

12104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-5 ✓ 12104

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2342 Edmondson Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Reese. If U. S. Veteran specify WAR

(a) Residence: No. 2342 Edmondson Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) November 12.1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month, day, year) Dec.22.1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Louis Reese.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hirschling,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles W. Claus,
(Address) 2342 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan.3.1938

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED DEC 31 1937 Huntington Pittinger M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1937 to Dec. 30 1937

I last saw h[illegible] alive on Dec. 30 1937 Death is said to have occurred on the date stated above, at 8.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	12-21-37
Cerebral Hemorrhage	12-21-37
Acute Cardiac Dilation	12-24-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Huntington Pittinger M. D.

(Address) 5 Stony Run

State cause, disease or condition directly causing death. See instructions on back of certificate. OCCUPATION is very important.

F 12405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12405

CERTIFICATE OF DEATH

Registered No. 266

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewater) (St., Colgate Rd) (Ward) 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Edward Windsor, Jr. 26-6 If U. S. Veteran specify WAR

(a) Residence: No. Edgewater St. (Colgate Rd) Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eliz Cath Windsor

6. DATE OF BIRTH (month, day, year) Dec 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alex, Va

FATHER

13. NAME James Edward

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Catherine Hall

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Eliz Cath Windsor Edgewater St. Colgate Md

18. BURIAL, CREMATION, OR REMOVAL Place Meadowridge Mem Gdns Date 1-3-38

19. UNDERTAKER John C. Miller & Son (Address) 1755 E. Monument St.

20. FILED ... 19... (Signature of Registrar) Eliz Cath Windsor

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Dec 30, 1937

I last saw h[illegible] alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Arteriosclerotic C-V Disease	7
C Chronic Myocarditis	
Other contributory causes of importance:	
Coronary Thrombosis	12/29/37
Gangrene Left foot	1937

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. W. Davis M. D.

(Address) Glenndale Road Glendale, Md.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

12106

HEALTH DEPARTMENT—CITY OF BALTIMORE

12106

CERTIFICATE OF DEATH

29182 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 1-1 Ward) 89-6 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Piekut

(a) Residence: No. 3037 Elliott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Piekut

6. DATE OF BIRTH (month, day, year) 8-21-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Matthew Jefferson

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Bessie Langley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date 1/1 38

19. UNDERTAKER John J. Pinda
(Address) 2811 Hudson St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1937 to 12-29 1937

I last saw her alive on 12-29 1937 Death is said to have occurred on the date stated above, at 2:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Mastoiditis, chronic, left	unknown
Polyp left ear	unknown
Sterile meningitis	unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-24-37

For what disease or injury? Mastoiditis, left

Name of operation Radical mastoidectomy, left

What test confirmed diagnosis Surgery Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12107

CERTIFICATE OF DEATH

Registered No. 12-6 V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital - Baltimore St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR SAW

2. FULL NAME Edward R. George

(a) Residence: No. Linden Ave. - Halethorne Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Louise George

6. DATE OF BIRTH (month, day, year) July 11, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	19	

OCCUPATION

8. Trade, Profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harbor & Sand

10. Date deceased last worked at this occupation (month and year) 12-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

FATHER

13. NAME Thomas George

14. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

MOTHER

15. MAIDEN NAME Ella Headley

16. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lud Meadows Date Jan 2/38

19. UNDERTAKER H. C. Pepperman Sr
(Address) 1210 E. Fayette St

20. FILED Jan 3, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1937, to December 30, 1937

I last saw him alive on December 30, 1937 Death is said to have occurred on the date stated above, at 1:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, perforative.	5 days.
Pneumonia, lobular.	3 days.

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/26/37

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? X. R. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. D. Lawrence M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

See instructions on back of certificate. OCCUPATION is very important.

VS 3

Hamilton 1206

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12108 — V 82-a — F 12108

CERTIFICATE OF DEATH.

REGISTERED NO. 8-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1825 N. Milton Ave

CITY OF BALTIMORE: (No.) Louis Stecker St. (Ward)

2-FULL NAME 1825 N. milton ave

(a) RESIDENCE NO. 1825 N. milton ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha stecker

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brewer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Stecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bertha Stecker

(Address) 1825 N. milton ave

15 Filed DEC 31 1937, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to Dec 30, 1937, that I last saw h— alive on Dec 30, 1937, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edward Benson M. D.

12/30, 1937 (Address) 1 W. Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan. 3, 1938

20 UNDERTAKER Richard F. Cluley — ADDRESS 700 E. Hath ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important. See instructions on back of certificates.

F 12109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12109

CERTIFICATE OF DEATH

V 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 N. Carey St. 19-1 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Young

If U.S. Veteran specify WAR .....

(a) Residence: No. 300 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Young

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Thomas H. Sodus

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rose Fountain

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edw. Young

(Address) 300 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 2 1938

19. UNDERTAKER Funeral Assoc

(Address) 142 W Fayette St

19 Baltimore Md

DEC 31 1937

Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1937 to Dec 29 1937

I last saw h— alive on Dec 29 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy, Hemiplegia	Dec 27 1937
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. N. Fowler M. D.

(Address) 1123 Hollins St.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

38 8971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12110

CERTIFICATE OF DEATH

53-C F 12110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John's Hopkins Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida A. Hargest

If U. S. Veteran specify WAR No

(a) Residence: No. 1636 Aisquith St., H Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Jesse M. Hargest

6. DATE OF BIRTH (month, day, year) 2/30/89

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
48	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME William Foster

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Regina Gentzy

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 1/3/38

19. UNDERTAKER George J. Pouth Inc
(Address) 1726 W. Lanvale St

FILED Huntington Pittsburgh Pa

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to Dec 30, 1937

I last saw her alive on Dec 30, 1937 Death is said to have occurred on the date stated above, at 12 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
	over

Other contributory causes of importance:

None

Was an operation performed? Yes Date of Dec 17, 1937

For what disease or injury? Brain Tumor

Name of operation Left Craniotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12111

CERTIFICATE OF DEATH

F 12111

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Pedro Bilbao

(a) Residence: No. 4803 Walther Boulevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Trifona Bilbao

6. DATE OF BIRTH (month, day, year) Dec. 16, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunchroom

10. Date deceased last worked at this occupation (month and year) 1 year

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Pedro Bilbao

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Josefa Achutegui

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Mrs. Trifona Bilbao
(Address) 4803 Walther Boulevard

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 1, 1938

19. UNDERTAKER E. Sander & Son, Inc. Geo. F. Sander
Address Baltimore St. & Broadway

... 19 ... Registrar

DEC 31 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schlueter, M. D.
Coroner

(Address) 1914 E. North Ave

INFORMATION MUST be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 12112 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12112

CERTIFICATE OF DEATH

8-6 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 E. Lafayette Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Conrad Pragel

(a) Residence: No. 1835 E. Lafayette Avenue St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mina Pragel

6. DATE OF BIRTH (month, day, year) May 22, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boxmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) 1922

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Pragel

14. BIRTHPLACE (city or town) (State or country) Murnberg Germany

MOTHER

15. MAIDEN NAME Elizabeth Wye

16. BIRTHPLACE (city or town) (State or country) Mrungerb Germany

17. INFORMANT (Address) Mrs. Mina Pragel 1835 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Ceme. Date Jan. 3, 1937

19. UNDERTAKER H. Sander & Son., Inc. Baltimore St. & Broadway

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 30 1937

I last saw h... alive on Dec 29 1937 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	Dec 1
Endocarditis	
Hypertrophied Heart	
Acute Cardiac Dilatation	
Other contributory [illegible]	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Wm Sadler M. D.

(Address) 100 N. Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 31 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12113 — 95-B — F 12113

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ## yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 52 yrs. ..... mos. ..... da.

2. FULL NAME Max Pandery

If U. S. Veteran specify WAR .....

(a) Residence: No. 618 S. Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Green.

6. DATE OF BIRTH (month, day, year): 10-17-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None — 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Date 12/31/37

19. UNDERTAKER: Thos. J. Keenan
(Address) Thos. J. Keenan & Co.

DEC 31 1937

Amiter Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937 to December 21, 1937

I last saw him alive on December 21, 1937. Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

6

12114

HEALTH DEPARTMENT—CITY OF BALTIMORE

12114

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 22 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME ~~Alexander~~ ALEXANDER W. CULLUM If U. S. Veteran specify WAR

(a) Residence: No. 1209 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Macy E. Cullum.

6. DATE OF BIRTH (month, day, year) May 7 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. 108

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clendenin Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Cullum

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Preston

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Macy E Cullum.

(Address) 1209 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cem Date Jan 3rd 38

19. UNDERTAKER Bernard E. Harle.

(Address) 121 E West St.

20. FILED Washington Funeral Dir. Inc.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937 to Dec 29, 1937

I last saw h— alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 12⁰⁰ midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-24-37
Other contributory causes of importance:	
Chronic Nephritis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

12115 336399

HEALTH DEPARTMENT—CITY OF BALTIMORE

12115

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 9-4 St., 1 Ward)

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Jackson

U. S. Veteran specify WAR

(a) Residence: No. 2648 Boone St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-22-73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Monroe Wallis

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Rebecca Craig

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-3- 38

19. UNDERTAKER Jno. G. H. Holland
(Address) 1631 Smallfield Ave

20. FILED DEC 31 1937 Huntington Pittsburgh N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1937 to Dec 30, 1937

I last saw her alive on Dec 30, 1937 Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 17
Uremia	Dec 23

Other contributory causes of importance:

over

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Helen Baker, M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

12116 33908 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12116

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Yanofsky If U. S. Veteran specify WAR

(a) Residence: No. 31 N montford ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) June 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Yanofsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Garrett Date 12-31-37

19. UNDERTAKER Jack Louis Inc. (Address) 1496 Baltimore

20. FILED ..... Huntington Funeral Home, Inc.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937, to Dec 31, 1937

I last saw him alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1931

Other contributory causes of importance: Peritonitis post-operative

Was an operation performed? Yes Date of Dec 22

For what disease or injury? .....

Name of operation Resection of Stomach

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul A Kimball, M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be understood by a layman. See instructions on back of certificate. OCCUPATION is very important.

12117 F 12117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard M. Hollaender

If U. S. Veteran specify WAR

(a) Residence: No. Somerset - Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Marks

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Abe H. Hollaender
(Address) Somerset Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Woodside Pa Date 1/3/38 19

19. UNDERTAKER Jos. Louis Lee
(Address) 1739 E. Baltimore St

20. FILED 19 Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1937

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1937 to Dec. 30 1937

I last saw h[illegible] alive on Dec 30 1937. Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia	12/29/37
Other contributory causes of importance:	
adrenal insufficiency	
Shock (Surgical)	

Was an operation performed? Yes Date of Dec. 28, 1937

For what disease or injury? Adrenal Calculi Left.

Name of operation Left nephrectomy & partial adrenalectomy

What test confirmed diagnosis? Urine (Cat) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis Hollaender M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42118

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 Mosher St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Theresa Collins

(a) Residence: No. 142 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of / WIFE of —

6. DATE OF BIRTH (month, day, year) May 23, 1874

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	63	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. North Bros. 1069

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Williamsport Md.

FATHER

13. NAME Patrick Collins.

14. BIRTHPLACE (city or town) (State or country) County Clare, Ireland

MOTHER

15. MAIDEN NAME Jane O'Connor

16. BIRTHPLACE (city or town) (State or country) County Clare Ireland

17. INFORMANT Nellie + Annie Collins (Sisters)

(Address) 142 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/3/38

19. UNDERTAKER Chas. F. Smede + Son

(Address) 1400 Mc Regor Ave

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937 to Dec 30, 1937

I last saw her alive on Dec 30, 1937 Death is said to have occurred on the date stated above, at 430 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 25, 37
Other contributory causes of importance:	
Myocardial Failure	"
Pulmonary Edema	"

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Allen Deckert M. D.

(Address) 1123 St. Paul St.

Information of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12119

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel Harris

(a) Residence: No. 1317 Freestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916,

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Harris

14. BIRTHPLACE (city or town) (State or country) Va,

MOTHER

15. MAIDEN NAME Hattie Saliferro

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hattie Harris
(Address) 1317 Freestman St,

18. BURIAL, CREMATION, OR REMOVAL
Place W. F. Lawson Date Dec 31, 1937

19. UNDERTAKER W. A. Brooks
(Address) 1423 N. Carey St

20. FILED 19 Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937,

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 830 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of abdomen	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12, 27, 1937

Where did injury occur? 529 Freestman
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Store above address,

Manner of injury pistol shot.

Nature of injury Wound in abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Ham Carey M. D.
Coroner

(Address) 1213 Hanover

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

12420 HEALTH DEPARTMENT—CITY OF BALTIMORE 12420

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 St. Paul Street St. 12-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles S. Carter

If U. S. Veteran specify WAR

(a) Residence: No. 2105 St. Paul Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 19, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Organist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Samuel Howell Carter

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Annie Field

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Louisa Carter

(Address) 2105 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 1, 38

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Pa.

20. FILED ... 19 ... Registrar.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Dec 29 1937

I last saw him alive on Dec 29 11P. 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	?
Other contributory causes of importance:	
Cardiac decompensation	July 1937

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George M. Settle M. D.

(Address) 2430 Mary Land Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12421 F 12421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-3124-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1411 W Fremont St. 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40+ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Balson
If U. S. Veteran specify WAR

(a) Residence: No. 1411 W. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Balson —

6. DATE OF BIRTH (month, day, year) Aug 3 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex Hod Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1935
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 35 yrs +

12. BIRTHPLACE (city or town) (State or country) Churchton A. A. Co. Md.

FATHER
13. NAME Benjamin Balson
14. BIRTHPLACE (city or town) (State or country) Churchton A A Co Md

MOTHER
15. MAIDEN NAME Margarite Offer
16. BIRTHPLACE (city or town) (State or country) Churchton A A Co Md

17. INFORMANT Susie Balson
(Address) 1411 W Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints Cem Date 1/7/38 19 37

19. UNDERTAKER Ernest C Downey
(Address) 818 Druid Hill Ave

Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28 1937

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1937 to December 28, 1937
I last saw him alive on December 26, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Coma (Chronic Diffuse Nephritis) 3 or 4 yrs	12/24/37
Other contributory causes of importance: Hepatic Cirrhosis 3 or 4 yrs ago	

Was an operation performed? no Date of over

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William H Wright M. D.
(Address) 1209 Presstman St

Exact statement of information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12122 V F 12122

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Boy Unknown Malachuk

If U. S. Veteran specify WAR .....

(a) Residence: No. 904 N. Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-27-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alex Malachuk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Nellie McCabe

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date DEC 31 1937

Commissioner of Health

19. UNDERTAKER

(Address) F. M. A. Meyers

DEC 31 1937

(Registrar)

3718

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Dec 27, 1937

I last saw her alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 6 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis [?] (Breech Delivery)	12-27-37

Other contributory causes of importance:

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Buchman, M. D.

(Address) St. Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 31 1937

12123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12123

119

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Volunteers of America Hosp. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Bish

If U.S. Veteran specify WAR ...

(a) Residence: No. 311 S. Castle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Bish.

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Anna Matuk

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT John Bish
(Address) 311 S Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec. 31 1937

19. UNDERTAKER Fred W Ozazewski
(Address) 1930 Eastern Ave

20. [illegible] Huntington Avenue, Md.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 31 1937

I last saw him alive on Dec. 31 1937 Death is said to have occurred on the date stated above, at 7½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diarrhea	12/17/37
Infectious Encephalitis	12/27/37

Other contributory causes of importance

over

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Leonard M. Hummel M. D.

(Address) 48 W. Lexington St.

Information should be carefully supplied by informant. Write plainly. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12124 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12124

CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 Ilchester Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary N. Allen If U. S. Veteran specify WAR

(a) Residence: No. 444 Ilchester Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry

6. DATE OF BIRTH (month, day, year) Oct 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Noone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Florence Allen (Address) 444 Ilchester Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 29 1937

19. UNDERTAKER Wellington Cook (Address) 1924 Pennsylvania Ave

20. FILED Jan 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Jan 27 1937

I last saw her alive on Jan 27 1937 Death is said to have occurred on the date stated above, at 7:45 AM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Parotid Gland (Rt.) — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary C. Fuller M. D.

(Address) 1373 Hanover

C 53 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12125 F 12125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 E. 35th St., 4-3 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza Catherine Simpson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 636 E. 35th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Clifton L. Simpson

6. DATE OF BIRTH (month, day, year) June 5th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dennis Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Badger

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Clinton L. Simpson

(Address) 636 E. 35th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 1st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... (Registrar's signature)

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Dec 30th 1937

I last saw her alive on Dec 15 1937. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-30-37
Other contributory causes of importance:	
Arteriosclerosis	1930
Hypertension	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Required. What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19....

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Grody M. D.

(Address) 5106 Harford Road

INFORMATION ASKED FOR ON THIS CERTIFICATE is required by law. Please answer all questions in ink or typewriter and in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

F 12426

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12426

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Aisquith St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie V. Garing

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2600 Aisquith St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Oct 25th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Garing

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Kimball

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie Dowell

(Address) 2600 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Dec 31 1937 Examined by [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 15 1937 to December 30 1937

I last saw her alive on October 30 1937. Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1 year
Secondaries.	3 years
	Ago

Other contributory causes of importance:

Metastasis and Cachexia	10 days ago

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Pathological Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Abrahamberg M. D.

(Address) 2025 E Monument

DEC 31 1937

V8 3

Information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 12127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12127

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 N. Monroe St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Parkhill

If U. S. Veteran specify WAR

(a) Residence: No. 230 N. Monroe St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Rebecca Jane

6. DATE OF BIRTH (month, day, year) June 5-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Greensville Penna

FATHER

13. NAME Washington Parkhill

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary -

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ethel M. Petz

(Address) 735 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Pk Date 12/31 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED Huntington Hill Register, M.D.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Dec 30 1937

I last saw him alive on Dec. 29 1937 Death is said to have occurred on the date stated above, at 5-12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1931
Cerebral Hemorrhage	12/10/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer C. Todd M. D.

(Address) 735 N Fulton Ave

Information asked for on this certificate is necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12128

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 211-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Joseph S Shipley

(a) Residence: No. 331 Fonthill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) Dec '37

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Hillsdale Maryland

FATHER

13. NAME Joseph Shipley

14. BIRTHPLACE (city or town) (State or country) Hillsdale Maryland

MOTHER

15. MAIDEN NAME Henrietta Edison

16. BIRTHPLACE (city or town) (State or country) Hillsdale Maryland

17. INFORMANT Sister

(Address) 1914 Fredrick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 1st 38

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 31 1937 Harrington Funeral Co. Inc.

8 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28 1937 to December 30 1937

I last saw him alive on Dec. 30 1937 Death is said to have occurred on the date stated above, at 2.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	12/24/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Lumbar puncture No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Harry J. Lembel M. D.

(Address) Sydenham Hospital

information should be carefully supplied. Age should be stated in years, or if under one year, in months, days or hours. Exact statement of cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

12129 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12129

CERTIFICATE OF DEATH 29321 (M)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24-5 Ward) 131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara Kuehn

(a) Residence: No. 6311 Hudson Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hermon

6. DATE OF BIRTH (month, day, year) 8/?/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	30 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation, (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Reichel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 31, 1937

19. UNDERTAKER Wendel Supply Co.

(Address) 1 W. Eager St.

20. FILED 19 Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31 1937

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1937, to December 30, 1937

I last saw her alive on December 30 1937 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

Information as to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12130

HEALTH DEPARTMENT—CITY OF BALTIMORE

12130

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Ludwig

(a) Residence: No. 135 Mc Phail St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Aug 23. 92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anton Ludwig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Solander

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Anton Ludwig

(Address) 135 Mc Phail St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan. 1st 1938

19. UNDERTAKER George R. Schwab

(Address) 210 [illegible]

[illegible]

Registrar

DEC 31 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 Yr

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Brown Coroner M. D.

(Address) 200 W Baltimore St

338937 F 12431

HEALTH DEPARTMENT—CITY OF BALTIMORE

12431

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 1804 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-13-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Ruby May Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 31 1937

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19... Registrar

EC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937 to Dec 25, 1937

I last saw him alive on Dec 25, 1937 Death is said to have occurred on the date stated above, at 12-55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus	Dec 17.
Peritonitis	Dec 22
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 24
For what disease or injury? Volvulus
Name of operation Laparotomy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiles Jr. M. D.
(Address) Johns Hopkins Hospital

information should be carefully supplied. Any unknown state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12132

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Carter

If U. S. Veteran specify WAR

(a) Residence: No. 15-13 Hall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Virginia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date DEC 31 1937
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED 19 ..... Registrar.

DEC 31 1937 5:21 PM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937 to Dec 24, 1937

I last saw him alive Dec 24, 1937 Death is said to have occurred on the date stated above at 5-0 m.

The principal cause of death and related causes of importance were as follows:

Brought in dead.

malnutrition

Date of onset

Other contributory causes of importance:

Prematurely

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Any blanks should be filled out. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 12133

12133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2342 Penna. Ave. 15-4 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret W. Offley

(a) Residence: No. 2342 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Offley.

6. DATE OF BIRTH (month, day, year) Oct. 2 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64.	2.	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James H. Rollings

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Brier

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Jacob Greasley

(Address) 2342 Penna. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 1. 1938

19. UNDERTAKER Marie Eder Cuter

(Address) 1 E North Ave

20. FILED ..... 19 ..... Registrar

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Dec 38 1937

I last saw h[illegible] alive on Dec 29 1937 Death is said to have occurred on the date stated above, at 2-15 m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma (Mediastinum) — Date of onset 2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H G Jones M. D.

(Address) 2818 St. Paul St

N. B.—WHITE PAPER should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should information should be plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 12131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12131

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 E. North Ave St. 8-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Kornick

(a) Residence: No. 2719 E. Oliver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minna E. Kornick

6. DATE OF BIRTH (month, day, year) Dec. 2, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto-Sales

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hermann J. Kornick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara J. Barth

16. BIRTHPLACE (city or town) (State or country) Reading Pa

17. INFORMANT Minna E. Kornick

(Address) 2719 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 6 1938

19. UNDERTAKER Frederick R. Dodd

(Address) 1200 W. Lombard St

FILED Jan 3 1938

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12-29-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel A. Wolfe Coroner, M. D.

(Address) 1331 E. North Ave

N. B.—WRITE PLAINLY. Blanks must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 12135

12135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-2 / 122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas F. Kerns

(a) Residence: No. 828 Granby St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 12-29-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas F.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 3rd 1938

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Lombard St

19. FILED DEC 31 1937 Harrington Delaware Co. N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1933 to 12-30, 1937

I last saw h. alive on 12-30 1937 Death is said to have occurred on the date stated above, at 9:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia	Unknown
Intestinal Obstruction	Unknown
Arteriosclerotic cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. K. Woodyard Jr. M. D.

(Address) Balto. City Hosp.

Information should be given by person having knowledge of facts. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

DEC 31 1937

VS 2

6

12136 F 12136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 E. North Ave. 4-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Klein

If U. S. Veteran specify WAR .....

(a) Residence: No. Hamilton Ave. Ruxton Ward Balto Co, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Fem	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Klein

6. DATE OF BIRTH (month, day, year) Feb 8 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Henry Eckmeyer.

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo. H. Klein

(Address) 2202 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 1 1938

19. UNDERTAKER Leonard J. Rank

(Address) 1205 Hanford Rd

20. FILED DEC 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 29 1937

I last saw her alive on Dec 28 1937 Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis — Date of onset 12/13/37

Ch. Dry gangrene

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? \

Name of operation \

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? \

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury \

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D S Harding M. D.

(Address) 4810 Belair Rd

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12437

12437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 N. Charles St. St., 12-5 Ward)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Ellin Carroll Duffy.

(a) Residence: No. 2015 N. Charles St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Duffy

6. DATE OF BIRTH (month, day, year) Mar. 22, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Boland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. David Arthur
(Address) 4805 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 1 1938

19. UNDERTAKER Wesley H. Mearns
(Address) 5 E. Chase St.

Arlington Nat. Cem.

DEC 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Cardio Vascular Degeneration	12/30/37

Other contributory causes of importance: None

Was an operation performed? No Date of _____

For what disease or injury? No

Name of operation No. Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19__

Where did injury occur? Non (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John A Evans M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12138

12138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 E Chase St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. (6 mos.) ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Stuckel

If U.S. Veteran specify WAR .....

(a) Residence: No. 1831 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	— 7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N.C

FATHER

13. NAME Hardy Hicks

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Hucks
(Address) 1831 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Am Date 1/1/38

19. UNDERTAKER Robert W Williams
(Address) 1515 Mc Elderry St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937 to Dec 28, 1937

I last saw her alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency and generalized Anasarca — Date of onset 6 mos

Other contributory causes of importance:

Ch Nephritis Interstitial Sclerosis enlarged Liver — 6 mos

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R T Young M. D.

(Address) 1429 E Monument St

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1 - 1938

12139

HEALTH DEPARTMENT—CITY OF BALTIMORE

12139

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Bratten

If U. S. Veteran specify WAR No Record

(a) Residence: No. 302 Northway Guilford St., Ward. Chambersburg Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Theresa Bratten

6. DATE OF BIRTH (month, day, year) Apr. 9th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Dealer

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 50+

12. BIRTHPLACE (city or town) (State or country) Chambersburg Penna

FATHER

13. NAME James W. Bratten

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Katherine Eberhardt

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Fannie B. Ries

(Address) 302 Northway Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date 1/ 1938

19. UNDERTAKER Wm E Fink & Son

(Address) 1219 E Fort St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29th, 1937, to Jan. 1st, 1938

I last saw h in alive on Dec. 31st, 1937. Death is said to have occurred on the date stated above, at 1.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Dec 22
Other contributory causes of importance:	
Pulmonary Oedema	Dec 31st

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) A. F. Ries, M. D.

(Address) 24 S. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1 - 1938

H

E 12140

12140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Gorsuch St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Crate

If U. S. Veteran specify WAR

(a) Residence: No. 1525 Gorsuch St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Crate

6. DATE OF BIRTH (month, day, year) Sept 24-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sailing Boat Atlantic Ocean

FATHER

13. NAME August Ehenling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles A Crate
(Address) 1448 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 1 1938

19. UNDERTAKER Williams Cook
(Address) 1317 St Paul St

20. FILED ... 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1937

22. I HEREBY CERTIFY, That I attended deceased from December 22 1937 to Dec 30 1937.

I last saw her alive on Dec 30 1937. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	Dec 1937
Other contributory causes of importance: Uremia	Dec 27 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Stanley D Edmunds M. D.

(Address) 2746 Alameda Blvd

JAN 1 - 1938

F 12141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12141

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 N. Kenwood Ave) (St.) Ward)

Registered No. !

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Brent

If U. S. Veteran specify WAR No Record

(a) Residence: No. 639 N. Kenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (~~wife~~ of) Gertrude Louise Brent

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. C. R.R. Co

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Katie V. Eccleston

(Address) 639 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1937 to Dec 31 1937

I last saw him alive on Dec 31 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	Indef
(b)	
(c)	

Other contributory causes of importance: Arteriosclerosis Senescence Indef

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) [illegible] M. D.

(Address) 1126 N. Calvert St

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1 - 1938

12142 E 12142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2941 Erdman Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Eckmeyer

(a) Residence: No. 2941 Erdman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Eckmeyer

6. DATE OF BIRTH (month, day, year) May 23 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Meyer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Frederick Eckmeyer
(Address) 2941 Erdman Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date Jan. 2 1938

19. UNDERTAKER Frederick Funeral Home
(Address) 7401 Belair Road

FILED JAN 1 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/37

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 29 1937

I last saw h W alive on Dec 27 1937. Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Cardiac Hypertrophy	January
Generalized Arteriosclerosis.	
Hypertension.	
Other contributory causes of importance Chronic Nephritis.	
Acute Pulmonary Edema	1/2

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) W. Michel M. D.

(Address) 2901 Erdman Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12143 E 12143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 19-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Soldier, Sailor, or Marine, specify War: World War

2. FULL NAME Thomas J. Barlow

(a) Residence: No. Bucks School House Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Irene M. Barlow

6. DATE OF BIRTH (month, day, year): Aug. 28, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: UnKnown

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: UnKnown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Irene M. Barlow
(Address) Raspeburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Haly Redeemer Cemetery Date 1938

19. UNDERTAKER: Fred Lorraine Sons
(Address) 1401 Belair Road

19 [illegible] Registrar.

JAN 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 31, 1937

22. I HEREBY CERTIFY, That I have charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis: Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Dec. 31, 1937 Date of injury, 19

Where did injury occur? Palo, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Belnap & Belair Streets (In Street)

Manner of injury: Struck By Auto While Standing beside Auto. Parked at Curb

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify: Struck while working

(Signed) [illegible] M. D.

(Address) 2257 E. Lanvale Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 58

F 12141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12141

CERTIFICATE OF DEATH

N 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Darby st St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie E Hare

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 Darby st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Augustus H. Hare

6. DATE OF BIRTH (month, day, year) Sept ? 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas J. Ott

(Address) 810 Darby st

18. BURIAL, CREMATION, OR REMOVAL

St Peters, Pulto Co, md Date Jan 2, 1938

19. UNDERTAKER Unknown

(Address) 3615 17 Christopher

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to December 30 1937

I last saw h[er] alive on December 30 1937 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Duration of onset 25 - 1937

Other contributory causes of importance:

Was an operation performed? yes Date of July - 1937

For what disease or injury?

Name of operation Gastro enterostomy

What test confirmed diagnosis? Gen Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archer J Davis M. D.

(Address) 8004 3rd St.

N. B.—WRITE PLAINLY, with pen and ink. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1 - 1938

6 17

F 12445

12445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Riggs Ave St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles James Kennedy.

(a) Residence: No. 2730 Riggs Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Marion Kennedy

6. DATE OF BIRTH (month, day, year) May 8-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Office

10. Date deceased last worked at this occupation (month and year) Nov 9-1937

11. Total time (years) spent in this occupation 17 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Kennedy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Estelle Berry

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Daisy M. Kennedy.

(Address) 2730 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Jan 3, 1938

19. UNDERTAKER E. Chenowith Son.

(Address) 3615-11 Christopher Ave.

20. FILED Jan 6 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1917, to December 31, 1937.

I last saw him alive on December 30, 1937. Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of Heart	12-28-37
Other contributory causes of importance: Tobacco Smoking	May 1917

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Roland, M. D.

(Address) 2532 Edmondson Ave.

N. B.—WRITE PLAINLY. Where information is unknown, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1 - 1938

F 12146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12146

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3829 Reisterstown Road Ward) 15-12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Friedmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 3829 Reisterstown St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Josephine

6. DATE OF BIRTH (month, day, year) Jan 3 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Nathan Friedmann

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna L. Wessill

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Nathan Friedmann

(Address) 3829 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Hebrew Cem Date Jan 7, 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W North ave

20. FILED ..... 19 ..... Registrar

JAN 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to Dec. 30, 1937

I last saw h[illegible] alive on Dec. 29, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Other contributory causes of importance: Coronary Thrombosis	1 wk ago

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Levinson M. D.

(Address) 2348 Eutaw Place

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

Registered No. 13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Kenwick road St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lamey Sherman

If U. S. Veteran specify WAR No.

(a) Residence: No. 3405 Kenwick road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Sherman

6. DATE OF BIRTH (month, day, year) July 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	13	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio R.R. Co.

10. Date deceased last worked at this occupation (month and year) July 9, 1937

11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (city or town) (State or country) ~~Belington Virginia~~ Hardy Co. W. Va.

FATHER

13. NAME Noah Sherman

14. BIRTHPLACE (city or town) (State or country) Hardy Co. W. Va.

MOTHER

15. MAIDEN NAME Elijah Van

16. BIRTHPLACE (city or town) (State or country) Hardy Co. W. Va.

17. INFORMANT Catherine A. Sherman

(Address) 3405 Kenwick Road.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Cemetery Date Jan 5. 19 38

19. UNDERTAKER Chenowith Son

(Address) 1615-17 Christian St.

FILED JAN 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 . 1937. to Jan 1 . 1938

I last saw him alive on Jan. 1 . 1938. Death is said to have occurred on the date stated above, at 10:0 p m.

The principal cause of death and related causes of importance were as follows:

Acute glomerular nephritis. — Date of onset 12/28/37

Arteriosclerosis, general — 12/1936

Other contributory causes of importance:

Bronchial pneumonia, terminal — 1-31-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred C. Moore . M. D.

(Address) 3134 Fairford road

N. B.—WRITE PLAINLY, with unfading ink. All items must be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12448 F 12448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 20-1859

CITY OF BALTIMORE: (No.) Bay View St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edna E. Waesche

(a) Residence: No. 3508 Spaulding Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A. Waesche

6. DATE OF BIRTH (month, day, year) Feb. 8-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	13 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry H. Tillson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth M. ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas A. Waesche

(Address) 3508 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Jan 4, 1938

19. UNDERTAKER Thomas J. Hoff

(Address) 2015-17 E. Baltimore Ave.

20. FILED JAN 2 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 Weeks
Other contributory causes of importance: Diabetes Mellitis	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, Coroner, M. D.

(Address) 1712 N. Bond St.

V S 6

F 12149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12149

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addie Rebecca Evans

If U. S. Veteran specify WAR

(a) Residence: No. 1900 Wallace St Phila Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S. Evans.

6. DATE OF BIRTH (month, day, year) June 10 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Winfield Turner.

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas S. Evans

(Address) 1900 Wallace St. Phila, Pa

18. BURIAL, CREMATION, OR REMOVAL

Hillwood Cem Richmond Va Date Jan 3 1938

19. UNDERTAKER Chenowith Bros.

(Address) 3615-17 Chestnut Ave.

20. FILED JAN 2 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-31-37 19 to 1-1 1938

I last saw her alive on 1-1- 1938 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis.	one
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Wellington M. D.

(Address) Med. Gen. Hosp.

(G. Weems)

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AN 2 1938

V8 3

Dr Geo. B. Seibert 2802 Harford Rd Bal 4800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12450 F 12450

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1719 N. Chapel St. 8-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mary Zita Lessner — If U. S. Vet. specify WAR No Record

(a) Residence: No. 1719 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm J. Lessner

6. DATE OF BIRTH (month, day, year) Feb 23rd 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Drane

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Konigunda Selz

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Wm J. Lessner 1719 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 4th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED JAN 2 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/31/37 19 to 12-31 1937

I last saw her alive on 12-31-1937 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Seibert M. D.

(Address) 2802 Harford Ave

N. B.—WRITE PLAINLY, WITH INK. EVERY QUESTION ON THIS CERTIFICATE must be answered. If unknown, or if the question is not applicable, state the fact. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12151

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N. Monroe St. 16-4 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Benjamin Wroth Ruth

(a) Residence: No. 1125 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ or ~~Divorced~~ Widowed. (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed ~~or divorced~~, WIFE of HUSBAND of Lydia Rogerson Ruth

6. DATE OF BIRTH (month, day, year) Mar 22nd 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Crampton Md

MOTHER

13. NAME Francis Asbury Ruth

FATHER

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Edythia Wroth

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ernest M. Roth

(Address) 1125 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

JAN 2nd 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1937

23. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Dec 31 1937

I last saw him alive on Dec 30 1937 Death is said to have occurred on the date stated above, at 7:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic Cirrhosis	5 yrs
Other contributory causes of importance: Hypostatic Pneumonia	7 Days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Diagnosis Syph

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Charles E. Clark M. D.

(Address) 3214 Piedmont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

F 12152

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12152

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 2117 Denom St. 14-3

CITY OF BALTIMORE: (No. ..... St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Kirk.

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2117 Denom St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19th 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69.	70	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Translator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 yrs

10. Date deceased last worked at this occupation (month and year) 6 yrs ago

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germantown Penna.

FATHER

13. NAME Conrad Kirk

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Arthur Bollinger 1330 Bolton St. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL London Park Crematorium Date Jan 3rd 1938

19. UNDERTAKER (Address) Geo Cook 1217 St Paul St

FILED JAN 2 - 1938 [illegible] Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 29th to Dec 31st 1937

I last saw him alive on Dec. 31 1937 Death is said to have occurred on the date stated above, at 8 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/1/38
Arteriosclerosis	
Hypostatic Congestion of Lungs	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No.

Name of operation .....

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Edmunds M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12153 F 12153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Mary Dunneman

If U.S. Veteran specify WAR

(a) Residence: No. 2302 Auchentoroly Ter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Belle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-2-38

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St.

20. FILED JAN 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-38

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1937, to 1-1, 1938

I last saw her alive on 1-1-38 Death is said to have occurred on the date stated above, at 8-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, type undetermined	12-27
Other contributory causes of importance: Arteriosclerotic heart disease, chronic	1935
Sclerosis, myocardial failure	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Silverman, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12151

HEALTH DEPARTMENT—CITY OF BALTIMORE

12151

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital)

Registered No. 2073

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rebecca Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 2016 Wilkens Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Cohen

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Pudolsky

14. BIRTHPLACE (city or town) (State or country) ? Russia

MOTHER

15. MAIDEN NAME Minna ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Cohen Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL 1-2-38

Place Mount Sinai Date

19. UNDERTAKER Jack Louis Levy

(Address) 1439 E. Baltimore St.

20. FILED Huntington Hennessy Registrar

JAN 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1937 to January 1, 1938

I last saw h.. alive on January 1, 1938 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident with Hemorrhage or Thrombosis.	Dec 9 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Milton Lewis M. D.

(Address) W. 7 11

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A LEGAL DOCUMENT AND MUST BE FILLED OUT EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Auer If U. S. Veteran specify WAR

(a) Residence: No. 35 S Shricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E. Auer

6. DATE OF BIRTH (month, day, year) June 29. 72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Meat Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt

10. Date deceased last worked at this occupation (month and year) Oct 36

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

FATHER

13. NAME Wm F Auer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Lawrence A Mallon

(Address) 5715 Chelsea Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 4 1938

19. UNDERTAKER Harry A. Hunnicutt

(Address) 1127 Edgewood Ave

20. FILED Jan 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I was present at the [illegible] of the remains described above, held an Inquest theron and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said Inquest and Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestive Heart failure	1/1/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. J. Hanna M. D.

(Address) 18 E N Avenue Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 2 - 1938

F 12156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12156

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N Kenwood Ave, Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah R Bures

(a) Residence: No. 417 N Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, (or) WIFE of William Bures

6. DATE OF BIRTH (month, day, year) Feb 14 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md

FATHER

13. NAME William S Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Kelley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Wm H. Upshaw Daughter
(Address) 417 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Solley Family Cemetery Date Jan 2 1938

19. UNDERTAKER William M Marsch
(Address) 715 Light St

20. FILED Jan 2 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Dec 30, 1937

I last saw h alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Dec 30 37
myocarditis	
Other contributory causes of importance:	
Chr. nephritis	?
hypertension or arteriosclerosis	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) E. C. Schlad M. D.

(Address) 447 N. Kenwood Ave.

—WRITE PLAINLY, WITH UNFADING INK. Information should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Mt Holly St. St.) 15-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Carr

If U. S. Veteran specify WAR

(a) Residence: No. 2214 Mt Holly St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia A. Carr

6. DATE OF BIRTH (month, day, year) Nov 2-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Carr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Bisop

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lydia A. Carr
(Address) 2214 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Jan 3/38

19. UNDERTAKER Chas H. Bauerlein
(Address) 116 W. Mulberry St

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 37

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and from (Inquest, Autopsy or Inquiry) obtained by said find that said deceased came to death on the day stated above at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas Ramsey M.D. Coroner

(Address) 1210 Hanover St

LAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Letters must be
tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
UPATION is very important. See instructions on back of certificate.

2158

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12158

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine M. Reed

If U. S. Veteran specify WAR .....

(a) Residence: No. 408 N. Poppleton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johnie Reed

6. DATE OF BIRTH (month, day, year) September 15 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Marshall Massey

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Frances Allen

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Frances Allen (m). (Address) 837 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place West Liberty Cem. Date Jan. 2 1938

UNDERTAKER alpha md Charles H. Harper (Address) 514 N. Calhoun St.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1937 to December 31, 1937

I last saw h[illegible] alive on 12-31, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	12/1/37

Other contributory causes of importance

[illegible] operation performed? Yes Date of

For what disease or injury? Intestinal Obstruction

Name of operation Exploratory

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

F 12159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12159

120

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Eutaw Place St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel Henry Tiedemann

If U. S. Veteran specify WAR

(a) Residence: No. 1920 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Aug. 12, 1932.

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
5	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Albert W. Tiedemann

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Catherine Madigan

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Catherine C. Tiedemann (Mother)
(Address) 1920 Eutaw Place

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date 1/3/38 19

UNDERTAKER George [illegible]
(Address) [illegible]

[illegible]LED [illegible]
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/30/37 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28th 1937 to Dec 30 1937

I last saw him alive on Dec 30 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Convulsion Intestinal	12/28/37

Other contributory causes of importance: Heart Failure

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Goldberg M. D.
(Address) 2452 Eutaw Place

F42460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F42460

CERTIFICATE OF DEATH

210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 16-1 (Ward)

Length of residence in city or town where death occurred? yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosie Hutchins

(a) Residence: No. 726 Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER

13. NAME James Mackel

14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Rachel Thomas

16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Sarah Frazier
(Address) 2211 Broadway, N.Y.City

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 1-3-1938 19

19. UNDERTAKER Thomas E Kelson
(Address) 1303 Presstman St

20. Filed Jan 4.1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30.1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	
Diabetic Coma	
Fracture of 8th. Rib R. Side	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Dec. 27, 1937
Injury ? 19

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto. crossing streets

Nature of injury at Harlen Ave. & Fremont St.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

12160 — F 12-1637

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 16-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Hutchins
If U. S. Veteran specify WAR

(a) Residence: No. 726 Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	cd	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) A A. Co Md.

FATHER

13. NAME James Markel.

14. BIRTHPLACE (city or town) (State or country) A A Co Md.

MOTHER

15. MAIDEN NAME Rachel Thomas

16. BIRTHPLACE (city or town) (State or country) A A Co Md.

17. INFORMANT Sarah Frazier
(Address) 2311 Broadway N.y city

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 1/3 1938

19. UNDERTAKER Thomas E. Kelso
(Address) 139 S Freetman St

20. FILED 1-3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27-30 19 to 12-30 1937
I last saw her alive on 12-30-1937 Death is said to have occurred on the date stated above, at 12.07 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance: Diabetic Coma	12-28-37

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. F. Maloney M. D.
(Address) Provident Hospital

O H

2161 E 12161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1313 Mt. Royal Ave. St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor E. Sulty

If U.S. Veteran specify WAR ...

(a) Residence: No. 1313 Mt. Royal Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of James L. Sulty

6. DATE OF BIRTH (month, day, year) May 24 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Sharply

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Joan Boone

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Catherine E. Sulty

(Address) 1313 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Jan. 3 1938

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 W. Pratt St.

FILED JAN 2 - 1938 Huntington Delaware, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15th 1937 to Dec. 29th 1937

I last saw h[illegible] alive on Dec. 29th 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Pulmonary Oedema.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Mack J. Doyle M. D.

(Address) 1327 Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

✓ F 42462

12462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1636 Thomas Ave (St.) 15-3 (Ward)

2-FULL NAME George Ireland

(a) RESIDENCE NO. 1636 Thomas Ave (St.) WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura L. Ireland

6 DATE OF BIRTH (month, day, and year): May 2 1855

7 AGE: 82 Years. 7 Months 8 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hotel Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Carroll Co Maryland

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Not Known

14 Informant (Address): Forrest Calhoun 1636 Thomas Ave

15 Filed Jan 2-1938, 19 Huntington Indiana Co. Ind. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2nd 1938

17 I HEREBY CERTIFY, That I attended deceased from Jan 1935, 19 to Jan 1st 1938.

That I last saw h[illegible] alive on Jan 1st 1938.

and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. H. Magness M. D.

19 (Address) 11 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Cem Reisterstown Md

DATE OF BURIAL: Jan 4 1938

20 UNDERTAKER: J. F. Elin & Sons Reisterstown Md

ADDRESS

THIS IS very important. See instructions on

V F 12163

12163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B 5C

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St. 2-2 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wasil Zwarzycz or Vasile Warzo

(a) Residence: No. 18 S. Dunham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Mary Zwarzycz

6. DATE OF BIRTH (month, day, year): March 16-1868

7. AGE: Years 69 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer pots

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chemical Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mary Zwarzycz (Address) 18 S. Dunham St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Rosary Cem. Date Jan 3 1938

19. UNDERTAKER: Stephen J. Fialkowski INC (Address) 1000 S. Kenwood ave

20. FILED: Jan 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to her death as stated below, on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Dec 30 '37

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1717 N. Broadway

F 12161

12161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B cc

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2106 Aliceanna St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Augustynowicz

(a) Residence: No. 2106 Aliceanna St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced ~~Husband of~~ WIFE of Chester Augustynowicz

7. DATE OF BIRTH (month, day, year) 1881

8. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 30 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Joseph Walkowska

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Marie (not known)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Chester Augustynowicz

(Address) 2106 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL

Holy Rosary Cem. Date Jan 4 1938

19. UNDERTAKER Stephen J. Fialkowski

(Address) 1000 S. Kenwood Ave

Huntington Indiana, R.F.D.

- 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1937

22. I HEREBY CERTIFY, That I was in charge of the remains described above, and that I last saw deceased on Dec 31 1937 (Date) and that I was last informed on Dec 31 1937 (Date) that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 31
Other contributory causes of importance: Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

✓ F 12465

HEALTH DEPARTMENT—CITY OF BALTIMORE

12465

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 62 Market Place St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jen ny Margaret Marlborough

(a) Residence: No. # 62 Market Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of late John J. Marlborough

7. DATE OF BIRTH (month, day, year) about 1871

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 66 yrs			

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Clerk 1869

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc Burrough Drug Co.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William Shanahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Burgison

(Address) # 802 Reservoir Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date Jan 3rd, 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED 19 Registrar

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and view the evidence obtained by said Inquiry, and that said deceased came to her death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Apple M. D.

(Address) 1331 E North Ave

F 42166

12166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

20-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME (BERNARD) Benard J. Block (Przyborwski)

(a) Residence: No. 274 S. Monastery Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Block

6. DATE OF BIRTH (month, day, year) Nov. 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Fisher Body

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jos. Przyborwski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Ruskgelki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ethel Block

(Address) 274 S. Monastery Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt View Mem Park Date Jan 3 1938

19. UNDERTAKER Easton Sons

(Address) Ellicott City

FILED 2-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Dec. 30, 1937

Where did injury occur? Elkridge Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Road

Manner of injury Passing Auto, on Motor Cycle

Nature of injury Struck Auto

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Mullen Coroner M. D.

(Address) 2757 N. Howard St

12167

HEALTH DEPARTMENT—CITY OF BALTIMORE

12167

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Cold Spring Lane St. 5-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Bruce Aiken

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary T. Aiken

6. DATE OF BIRTH (month, day, year) Sept. 20, 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Outside

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert E. Aiken

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles G. Aiken
(Address) 233 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/3/38

19. UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights

20. FILED ... 19...

2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937 to Dec. 31, 1937.

I last saw him alive on Dec. 30, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	?
Endocarditis & Mitral regurgitation	?
Arteriosclerosis.	?
Other contributory causes of importance: Chronic Constipation.	1927

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If specify .....

(Signed) Grant L. De Barbieri M. D.

(Address) 4723 Park Heights Ave.

F 12468

12468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William P. Kilgour

If U. S. Veteran specify WAR

(a) Residence: No. 210 N Luzerne Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie ?

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Kilgour

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lettie Yager

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Wm P Kilgour (admission slip)

18. BURIAL, CREMATION, OR REMOVAL Place Alexandria Date 1/3 19 38

19. UNDERTAKER (Address) [illegible]

20. FILED ..... Registrar.

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937, to Dec 30, 1937

I last saw h.. alive on Dec 30, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2/1/36

Other contributory causes of importance: Post-operation Hemorrhage

Was an operation performed? Yes Date of 12/30/37

For what disease or injury? Pulm. Tuberculosis

Name of operation Thoracoplasty, Left

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Warren Albrittain M.D.

(Address) – University Hospital

12469 F 12469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary McNutt

If U.S. Veteran specify WAR

(a) Residence: No. 402 Wabash ave. Crawfordsville Ind. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grant P. McNutt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME David E. Smith

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Caroline Brant

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Grant P. McNutt

(Address) 402 Wabash ave Crawfordsville Ind

18. BURIAL, CREMATION, OR REMOVAL Place Crawfordsville Ind. Date Jan 4 1938

19. UNDERTAKER Hoover & Bartlett

(Address) Crawfordsville Ind

20. FILED Jan 4 1938 Registrar

1 - 1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 1938

22. I HEREBY CERTIFY, That I attended deceased from December 30 1937 to Jan 2 1938

I last saw h SR alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 305a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Bronchopneumonia	Dec 30 -

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify

(Signed) Morton Marcus Spulman M. D.

(Address) Sinai Hospital

F 12170

12170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 84-107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hop Nebraska St., Ward)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Emma Opesty

(a) Residence: No. Richmond, Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ?? 1868

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
about 70 Years 69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Jos. W. Bibby Co.
(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Jan 3 1938

19. UNDERTAKER Geo. E. Bryer Jr
(Address) 1512 Hollins St

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1937 to Jan 2, 1938

I last saw h a alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 2 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Involutional Melancholia	2 yrs
Other contributory causes of importance: Bronchial pneumonia	5 dys.

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel P. Magee M.D.
(Address) 336 Fredericks

F 12471

12471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME T.J. Randolph L. Nickolas

If U. S. Veteran specify WAR

(a) Residence: No. Owing Mills Balto. Co. Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud E. Nicholas

6. DATE OF BIRTH (month, day, year) April 17, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wilson C. Nicholas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Augusta Moale

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Maud E. Nicholas

(Address) Owings Mills Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Charles Am. Cem. Date Jan. 3 1938

19. UNDERTAKER Henry W. Jenkins Son Co.

(Address) Orchard & McCulloh Sts

20. FILED 19 Registrar

3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Broncho Pneumonia	
Co.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Dec. 3, 1937

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Rosewood Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fell serving Summons at Rosewood School

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell when serving Summons

(Signed) [illegible] M. D.

Coroner

(Address) 2757 [illegible]

12172

HEALTH DEPARTMENT—CITY OF BALTIMORE

12172

29148 JS

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 18-7 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Leonard Toney

If U. S. Veteran specify WAR World War

(a) Residence: No. 522 Carrollton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-7-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME West Toney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Edna Scott

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address) Mrs M Slade 522 Carro-

18. BURIAL, CREMATION, OR REMOVAL
U. S. National Cem. Date Jan 3 1938

19. UNDERTAKER Adolphus Halstead
(Address) 918 Druid Hill Ave

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1937 to December 30 1937

I last saw him alive on December 30 1937 Death is said to have occurred on the date stated above, at 8.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-11-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. L. de Sautelle M. D.

(Address) Baltimore City Hospitals

Spec.—1-30—M. & T.—250 Bks.

12173

F 12173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 N. Patterson Park Ave ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine M. Bengal

(a) RESIDENCE No. 1417 N. Patterson Park Ave ST., 8 WARD No War Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Bengal Sr

6 DATE OF BIRTH (month, day, and year) Oct 25th 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Lockwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Cath Gadhaun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Leonard Bengal

(Address) 1417 N. Patterson Park Ave

15 Filed Jan 5 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1938

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Jan 2, 1938,

that I last saw her alive on Jan 1, 1938,

and that death occurred, on the date stated above, at 6 P.M. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Uraemia)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) [illegible], M. D.

, 19 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Park

DATE OF BURIAL Jan 5th 1938

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St

2171

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12171

CERTIFICATE OF DEATH

✓82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Hopkins Apts 31st St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Sue B. Jones

If U. S. Veteran specify WAR No Record

(a) Residence: No. 31st & St. Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Henry E. Jones

6. DATE OF BIRTH (month, day, year) July 25th about 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	69	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Capt Chas. Travers

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Mollie Pritchett

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Henry E. Jones

(Address) Hopkins Apts 31st & St. Paul Sts

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 3 1938 Registrar.

C 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937 to Jan 1, 1938

I last saw h[illegible] alive on Dec 31 1937. Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 30 '37

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Blot & Blot M. D.

(Address) 20 E Preston

12175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12175

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 20-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Elizabeth Insley

(a) Residence: No. 3114 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W Insley

6. DATE OF BIRTH (month, day, year) Sept 4 87.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roger D. Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Rosa B Wynn

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Antonette Frazier

(Address) 3114 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westerne Date Jan 4th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the date stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 1.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan J Hamm M. D.

(Address) 18 W Baltimore St

S 6

M. D. B. 1268-9

F 12176

2176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Mosher St., 14-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Jones

(a) Residence: No. 701 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jones

6. DATE OF BIRTH (month, day, year) June ? 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Ross

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Jones

(Address) 701 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/2 1938

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St

20. FILED ... 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Dec 31 1937

I last saw her alive on Dec 30, 1937 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1936

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Finy M. D.

(Address) 1928 Penna Ave.

F 12177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12177

CERTIFICATE OF DEATH

Registered No. 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Davis Washington

(a) Residence: No. 132 Argyle Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Washington

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Md

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sally Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Washington

(Address) 132 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 3rd 1930

19. UNDERTAKER Bryant Manuel & Wright

(Address) 1811 E Eldorado St

DEC 31 1929 19

JAN 2 1930 Harrington Funeral Home

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-1929

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased alive, last on (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

Per (Inquest, Autopsy or Inquiry) found that said deceased came

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12/30/29

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Allen M. D.

Coroner

(Address) 501 Courthouse

12178 E 12178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1241 Riverside Ave Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick Latham Jr.

(a) Residence: No. 1241 Riverside Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 2. 1935

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 5 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick V. Latham

14. BIRTHPLACE (city or town) (State or country) Westernport Md

15. MAIDEN NAME Mary A. Hutton

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mr. Patrick Latham
(Address) 1241 Riverside ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holgates Cem. AA Date Jan 3. 1938

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St.

20. FILED ... 19...

5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938 to Jan 2 1938

I last saw him alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 5.05 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Cond — Date of onset

Other contributory causes of importance:

Pulmonary Cond

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. M. Wheeler M. D.

(Address) 1279 Hillsdale

12179) HEALTH DEPARTMENT—CITY OF BALTIMORE (12179)

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Ridgewood Ave 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Violetta Aylsworth

If U. S. Veteran specify WAR

(a) Residence: No. 3805 Ridgewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ira B. Aylsworth

6. DATE OF BIRTH (month, day, year) Nov 5 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER FATHER

13. NAME Samuel Hockert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Ann Locker

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Edna A. Brock

(Address) 3805 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 3 38

19. UNDERTAKER J. Wm. Leckrone

(Address) York Pa

20. FILED 19

3 - 1938 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to Dec. 30, 1937

I last saw h[illegible] alive on Dec. 20, 1937. Death is said to have occurred on the date stated above, at 5:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	Dec. 25, 1937
Myocarditis.	1934.
Chronic nephritis	

Other contributory causes of importance:

Uterine fibroid. Arrested.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred L. DeBarbieri, M. D.

(Address) 4723 Park Heights Ave

12480 F 12480

12480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hospital St. 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H Fiege Jr. (William Henry) If U. S. Veteran specify WAR

(a) Residence: No. 820 Cedarcroft Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie Meister Fiege

7. DATE OF BIRTH (month, day, year) February 20, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aetna Life

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Henry Fiege Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary J. Amos

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Mrs. Emilie M. Fiege
(Address) 820 Cedarcroft Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorwood Cem. Date Jan. 3 1938

19. UNDERTAKER Wm J. Tichnor & Sons
(Address) North & Pa ave

20. FILED Jan 3 1938 Harrington Philadelphia Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1937, to 12-31, 1937.

I last saw h. alive on 12-31, 1937. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	Feb 37
Pericardial effusion	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Adams M. D.

(Address) Md. Gen. Hosp.

12181 12181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-6 ✓ 5T C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George A. Burrows

(a) Residence: No. 2820 Rayner Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae H. Burrows

6. DATE OF BIRTH (month, day, year) August 30, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel A. Burrows

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Laura J. Rollins

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Mrs. Turner T. Best

(Address) 2820 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan. 3 , 38

19. UNDERTAKER Wm. J. Tiefauer & Sons

(Address) North Pac Ave

20. FILED 19 Jan 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937 to Dec 31, 1937

I last saw h~~im~~ alive on Dec 31, 1937 Death is said to have occurred on the date stated above, at 3 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Secondary anemia	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

12182 F 12182

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 E 33rd St., 12-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine McSherrahe

(a) Residence: No. 330 E 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William McSherrahe

6. DATE OF BIRTH (month, day, year) May 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Magee

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Wilhelmina Kimmerle

16. BIRTHPLACE (city or town) (State or country) Bata

17. INFORMANT Geo. McSherrahe

(Address) 330 E. 33rd Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 4 1938

19. UNDERTAKER John Weckerle

(Address) 2008 Eastern Ave

Huntington Indiana

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to Dec. 31, 1937

I last saw her alive on Dec. 30, 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

Coronary Thrombosis

Other contributory causes of importance

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. W. Young M. D.

(Address) 1812 E. Broadway

12183 HEALTH DEPARTMENT—CITY OF BALTIMORE 12183

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 E Patterson Park Ave St. or Ward) 827

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Martha V Schmidt If U. S. Veteran specify WAR

(a) Residence: No. 1719 E Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William V Schmidt

6. DATE OF BIRTH (month, day, year) July 23 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bac Imeds

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William V Schmidt Son

(Address) 5002 St Alexis Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 7 1938

19. UNDERTAKER John Ulrich & Sons Inc

(Address) 1 Hamilton Ave Hamilton Square, N.J.

20. FILED JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from December 25 1937 to Jan 1 1938

I last saw her alive on Dec 31 1937. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12-25-37
Coronary Occlusion	1-1-38

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical? there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E Fingrud M. D.

(Address) 1613 E. Monument St

12181

HEALTH DEPARTMENT—CITY OF BALTIMORE

12181

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4502 - Roland Av. St., 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 1 ds. How long in U. S. If of foreign birth 56 yrs. 3 mos. 1 ds.

2. FULL NAME Harry Pennington Cann

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4502 Roland Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes S. Cann

6. DATE OF BIRTH (month, day, year) Sept-30-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Member of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. O. Lamb Bro. Co.

10. Date deceased last worked at this occupation (month and year) Dec 27 1937

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Cann

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie E. Girvin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs H. H. Cann (wife) (Address) 4502 Roland Av

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Jan 3/38

19. UNDERTAKER Stewart & Co Funeral Directors (Address) 101 W Preston

20. FILED JAN 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 1936 to Dec 31 1937

I last saw him alive on Dec 31 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive bulbar palsy	1936
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... No

(Signed) H G Jones M. D.

(Address) 2818 St. Paul St

2485 F 42185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4505 Roland Ave St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 84 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth 84 yrs. 0 mos. 8 ds.

2. FULL NAME Theodore Frederick Krug

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4505 Roland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Elise A. Krug

6. DATE OF BIRTH (month, day, year): Dec 24 1853

7. AGE: Years: 84 | Months: 0 | Days: 8 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Gustav A. Krug

14. BIRTHPLACE (city or town) (State or country): Reutlingen Germany

MOTHER

15. MAIDEN NAME: Fredenika Engel

16. BIRTHPLACE (city or town) (State or country): Reutlingen Germany

17. INFORMANT: Mrs. T. F. Krug (wife)

(Address) 4505 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Jan. 3 1938

19. UNDERTAKER: Sieger-Mumm Company

(Address) 1020 W. Pratt St.

FILED JAN 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1937 to Jan 1 1938

I last saw him alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia-Terminal — Date of onset: Dec 8.

Prostatic obstruction over with retention 10 days

Other contributory causes of importance:

Generalized arterio-sclerosis (Chronic)

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carroll Lockard M. D.

(Address) 421 Mulberry St

F 12186

2186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSP. St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HILDA B. NEIMILLER.

(a) Residence: No. 416 S. NEWKIRK ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) MAR. 4/1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEWING.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ISSAC CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME WILLIAM NEIMILLER

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME MARGARET E. BAUMER.

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT WILLIAM NEIMILLER. (FATHER)

(Address) 416 S. NEWKIRK ST.

18. BURIAL, CREMATION, OR REMOVAL

Place MT. CARMEL. Date JAN. 3 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 402 S. WOLFE ST.

JAN 3 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 31 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance: No history

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

V S 6

M. D. B. 1268-9

F 12187

2187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Wilkens & Caton Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Moore

(a) Residence: No. North Ave, Arbutus St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert E. Davis

6. DATE OF BIRTH (month, day, year) Dec 20 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	10	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Topeka
(State or country) Kansas

FATHER

13. NAME Samuel Jarrett

14. BIRTHPLACE (city or town)
(State or country) Kentucky

MOTHER

15. MAIDEN NAME Eleanor Matthews

16. BIRTHPLACE (city or town)
(State or country) Missouri

17. INFORMANT Pierce Cecil
(Address) North Ave, Arbutus

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Phila Pa Date 1/4/38

19. UNDERTAKER Covington Sisters Funeral Chapel, Inc
(Address) 21 W. 25th St

20. FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/37

22. I HEREBY CERTIFY, That I attended, deceased from December 16, 1937 to December 31, 1937

I last saw h.e.y. alive on December 31, 1937 Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Disseminated Broncho pneumonia.	12/5/37
Other contributory causes of importance: Diabetes Mellitus	?
Hypertrophin Arthritis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumonek M. D.

(Address) St. Agnes Hospital

F 12188

12188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Cliftview ave St., 8-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick C. Schrenk

(a) Residence: No. 1635 Cliftview Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Sadie L. Schrenk

6. DATE OF BIRTH (month, day, year) Sept. 6, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John L. Schrenk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Prestly

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sadie L. Schrenk

(Address) 1635 Cliftview ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/3/38 19

19. UNDERTAKER Harry H. Witzke

(Address) 3104 W. London ave

20. FILED 3 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 193?

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North ave.

OCCUPATION is very important. See instructions on back.

S 6

F 12489

HEALTH DEPARTMENT—CITY OF BALTIMORE

12489

CERTIFICATE OF DEATH

28059--RHW

Registered No. 100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elijah Brown

(a) Residence: No. 613 W. Fairmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/29/1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas (d)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Purnell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 3, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED Harriet F. Mc. Registrar.
1-3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1937 to 12-30, 1937

I last saw him alive on 12-30, 1937. Death is said to have occurred on the date stated above, at 1:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Flat feet + Hallux Valgus	unknown
Thrombophlebitis right leg	unknown
cellulitis and abscesses, right leg	12-8-37
Staphylococcus aureus septicemia	12-12-37
Other contributory causes of importance:	
Post-operative shock	12-30-37

Was an operation performed? Yes Date of 11-27-37 + 12-23 + 30-37

For what disease or injury? Bilateral Flat feet + Hallux valgus

Name of operation Orthodesis, drainage abscess amputation toe (3 times)

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

12190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12190

V 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gabrel Shaffer or Schaffer

If U. S. Veteran specify WAR

(a) Residence: No. 1036 Somerset St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Shaffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry E. Hock (Address) 501 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemy. Jan. 38

19. UNDERTAKER Henry Hock & Sons Inc (Address) 501 E. Eager

20. FILED 19 Registrar

N 3 - 1938

OCCUPATION is very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Jan. 1 1938. 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto. crossing street

Nature of injury at Fayette & Exeter St

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 2757 N. Fulton Ave

M. D. B. 1268-9

12191

HEALTH DEPARTMENT—CITY OF BALTIMORE

12191

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Gorsuch Ave St., 9-7 Ward)

Length of residence in city or town where death occurred 49 yrs. — mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene J. Kernan

(a) Residence: No. 1513 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
M	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella M Kernan

6. DATE OF BIRTH (month, day, year) Feb 20-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Casualty Co

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Kernan

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ella M. Kernan

(Address) 1513 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 5 1937

19. UNDERTAKER Wetzel & Sons

(Address) 2324 Eastern Ave

19 ... Filed ... 19 ...

JAN 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to Jan 1 1937

I last saw h... alive on Jan 1 1937 Death is said to have occurred on the date stated above, at 11-45 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Lungs — Date of onset ~~of~~ Last two or three months 1935

Other contributory causes of importance: —

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Kerfoot Jr M. D.

(Address) 32 Fremont Ave

NB H G Strickler

OCCUPATION is very important. See instructions on back of

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42192

CERTIFICATE OF DEATH

82-a

F 42192

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1372 N Stricker St. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Carroll

(a) RESIDENCE NO. 1372 N. Stricker St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	M.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Carroll

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant James Carrol

(Address) 1372 Stricker St

15 DEC 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-37

17 I HEREBY CERTIFY, That I attended deceased from 12-26-37, 19 , to 12-30-37, 19 ,

that I last saw h alive on " , 19

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hem marrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. M. Cudgo , M. D.

, 19 (Address) 524 Hillsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 1/3 1938

20 UNDERTAKER Thos. E. Kelson

ADDRESS 2303 Preston St

Important: See Instructions on Back of Certificate

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12193 — 192 F 12193 — F 12193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Woodyear St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Weinberg

(a) Residence: No. 1009 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Weinberg

6. DATE OF BIRTH, (month, day, year) Mar 11, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dorothea Forspolte

(Address) 822 N Caldwell

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/3 19 37

19. UNDERTAKER Thos. E. Kelly

(Address) 302 Preston St

FILED ... 19 ... Register

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937 to Dec 27 1937

I last saw him alive on Dec 27 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Unknown

Other contributory causes of importance:

Cerebral Hemorrhage	12/20/37

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. William Frey M. D.

(Address) 1988 Penna Ave

state CAUSE OF DEATH in plain terms. Indefinite or illegible OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12191 93-E 12194

CERTIFICATE OF DEATH

Registered No. 6 4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N. Durham St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Carroll If U. S. Veteran specify WAR

(a) Residence: No. 415 N Durham St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Carroll

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Carroll

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Carroll

16. BIRTHPLACE (city or town) (State or country) Md ?

17. INFORMANT Mrs Teresa Carroll

(Address) 415 N Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/3, 1938

19. UNDERTAKER E. D. Wilson

(Address) 1000 Bronley Ave

20. FILED 19 Registrar.

JAN 3 - 1938

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-24-1937 to 12-30-1937

I last saw him alive on Dec 30 1937 Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Dec 24
Other contributory causes of importance:	30

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne S. Allen M. D.

(Address) 50 E Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12195 — 46-BF 12195

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Morling Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas A. Carnes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1215 Morling Ave. St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy Carnes

6. DATE OF BIRTH (month, day, year) Dec. 24-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 8 years

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME John Carnes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Crabson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Nancy Carnes 1215 Morling Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Freedom Pa. Date Jan 5 - 38

19. UNDERTAKER (Address) Horace F. Burger 3631 Falls Road

20. FILED 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st. 1937 to Jan 2nd 1938

I last saw h[illegible] alive on Jan 1st 1938 Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

Senile Pneumonia — Date of onset 2 days

Other contributory causes of importance: None

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) [illegible] M. D.

(Address) 3611 Falls Rd. Baltimore Md.

OCCUPATION is very important. See Instructions

JAN 3 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12196 — 95 F B 12196

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Wilson

(a) Residence: No. 3 Von Hall Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander Wilson

6. DATE OF BIRTH (month, day, year) Jan 27-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58 + 9	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Rieselt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Eisacher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Husband) Alex Wilson

(Address) 3 Von Hall Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 1/4/38

19. UNDERTAKER Leonard Holtz

(Address) 1300 Orchard St.

JAN 3 - 1938 Hamilton Baltimore, Md.

Registrar.

OCCUPATION is very important. See instructions on

V6 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Jan 1, 1938

I last saw her alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at 2:55 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Cardio Vascular Disease — Date of onset Dec 1937

Other contributory causes of importance:

Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. J. Swaman, M. D.

(Address) Mercy Hospital.

3133 Forest

F 12197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C F 12197

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4306 Forest Ave St., 26-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael C Hoffman

(a) Residence: No. 4306 Forest Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie C Hoffman

6. DATE OF BIRTH (month, day, year) Aug 19-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Philip Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carrie C Hoffman
(Address) 4306 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1-3 1938

19. UNDERTAKER Leonard P Rapp
(Address) 505 [illegible]

20. FILED ... 19...
Registrar.

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to Dec 31, 1937

I last saw him alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma Prostate	1934
Other contributory causes of importance Carcinoma Prostate	1934

Was an operation performed? 1934 Date of 1934

For what disease or injury? .....

Name of operation Section of Prostate 1934

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alma B Seymour M.D.
(Address) 718 N Patterson Pk

OCCUPATION is very important. See instructions on back.

VS 9

6565

HEALTH DEPARTMENT—CITY OF BALTIMORE

12198

CERTIFICATE OF DEATH

162 F 12198

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Rosalie Ave. St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Lindt

(a) Residence: No. 2918 Rosalie Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Lindt

6. DATE OF BIRTH (month, day, year) July 22-1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
91	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Killmayer

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Agnes Lindt
(Address) 2918 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 1/3 1938

19. UNDERTAKER Leonard Rogers
(Address) 5005 Harford Ave

Huntington Williams Nic

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to Dec 31 1937

I last saw her alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Senility 2 yrs.
No definite disease
Bedridden 3 yrs

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, when

(Signed) Abram Strauss M. D.

(Address) 2020 N Charles St

OCCUPATION is very important. See instructions on back.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12199

CERTIFICATE OF DEATH

107-aF 12199

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 E. North ave St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Anna K. Garwood

If U. S. Veteran specify WAR no

(a) Residence: No. 1840-E. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Garwood

6. DATE OF BIRTH (month, day, year) 1/2/1851

7. AGE Years	Months	Days	If LESS than 1 day give HOURS or MIN.
86	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME John T. Kirk

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Ann J. Enos

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Eliz. G. Truitt

(Address) 1840-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/5/38 . 19

19. UNDERTAKER Geo. C. Roth, Inc.

(Address) 1726 Eutaw Place

20. FILED ... Registrar.

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 . 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (saw the evidence obtained by said inquest) find that said deceased came to ... death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance Cerebral Embolism

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schmidt Coroner . M. D.

(Address) 1917 E. North Ave

state CAUSE OF DEATH in plain terms, ... See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12500) 131 F 12500

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631-Harford Ave. St., 9-9 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren Hiram Andrews — If U. S. Veteran specify WAR

(a) Residence: No. 1631-Harford Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rosa Louise (Albrecht)

6. DATE OF BIRTH (month, day, year): 8/8/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Floorwalker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Ringold Andrews

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Fannie Harrison

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT: Mrs. Rosa L. Andrews

(Address): 1631-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: 1/5/38 19

19. UNDERTAKER: George J. Ruth, Inc.

(Address): 1705-Harford Ave.

20. FILED JAN 3 1938 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to Jan 1st, 1938

I last saw him alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
R. Hemiplegia & Thrombosis	
Myocarditis & Nephritis	over
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) O. O. Carman M. D.

(Address) 1201 N. Carolina St.

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33503 / 12501 — 133 — F 12501

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Jones — If U. S. Veteran specify WAR .....

(a) Residence: No. 1407 Barnes St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	sep

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4-30-08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. / / 607

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Clara Lindsey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1-3- 1938

19. UNDERTAKER Mrs R. L. Elliott - Daughter
(Address) 424 N. Caroline St

Filed JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1937 to Dec 31 1937

I last saw her alive on Dec 31 1937 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
	Unk

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Pauline H. Foster M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. And should be stated specifically. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Correct date.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12502

CERTIFICATE OF DEATH 28960 (MB) 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Melva E Muhl

If U. S. Veteran specify WAR .....

(a) Residence: No. 2731 Manokin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/26/25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Conrad L. Muhl

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Keys

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 4 1938

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 201 W. Fayette St.

20. FILED ..... 19 ..... Registrar

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1- , 1938

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1937, to January 1, 1938

I last saw her alive on JAN. 1, 1938. Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestive Heart Failure	12-28-37

Other contributory causes of importance:

Chronic Congestive Heart Failure	11-20-37
Rheumatic Heart Disease	5-1-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Earl Kadan M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12503

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick McNamara

(a) Residence: No. 421 E. Chase St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. market

10. Date deceased last worked at this occupation (month and year) Nov. 1936

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Scotto. Md.

FATHER

13. NAME Patrick McNamara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Redding

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret McNamara

(Address) 421 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

St. Peters Cemetery. Date Jan 6, 1938

19. UNDERTAKER Edgar W. Conklin Son

(Address) 124 Eager St

20. FILED JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937, to Jan 3, 1938

I last saw h... alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	12-29-37
	over

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Thomas J. Sullivan, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12504 HEALTH DEPARTMENT—CITY OF BALTIMORE 12504

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Kenny

If U. S. Veteran specify WAR

(a) Residence: No. 1423 W. Mulberry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lee Curtis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) State or country)

17. INFORMANT Nannie Kenny
(Address) 1423 Mulberry st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/3 1938

19. UNDERTAKER Williams & Jackson
(Address) 916 Penna ave

20. FILED JAN 3 - 1938 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-21-37 19 to 12-29- 1937

I last saw him alive on 12-29- 1937. Death is said to have occurred on the date stated above, at 11.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Pancarditis	?

Other contributory causes of importance:
Acute Cardiac Dilatation + Hemorrhage

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Cath Maloney M. D.

(Address) Provident Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12505

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Madison St. 10 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lewis Green

(a) Residence: No. 1403 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Green

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Annie Green
(Address) 869 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 3, 1938

19. UNDERTAKER Robert T Williams
(Address) 15-15 McElderry St

20. FILED JAN 3 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	Dec 29 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (No) specify

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

12506 F 12506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-7 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Sholler

(a) Residence: No. 24 S. High St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Not known 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Wilbur Munster

(Address) 3327 Tuscany Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/3 19 38

19. UNDERTAKER Wm Cook

(Address) 1219 E Fayette St

20. FILED JAN 3 1938 19 ... Registrar

No. ... V S E

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, Dec. 24, 1937

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto. crossing

Nature of injury Fayette & Exeter St

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Norman Coroner, M. D.

(Address) 207 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12507

CERTIFICATE OF DEATH

117-a F 12507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 16-T Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Giambattista Varallo

If U. S. Veteran specify WAR .....

(a) Residence: No. 4207 E. Lombard St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Varallo

6. DATE OF BIRTH (month, day, year) Feb. 22 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Varallo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Rosa Bruno

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Md. General Hospital

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Jan. 5 1938

19. UNDERTAKER Frank Della Vall

(Address) 52 N. Horley St

Date JAN 3 - 1938 Filed ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/23/37 . 19 . to 1/1/38 . 19

I last saw h alive on 1/1/38 . 19 . Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	
Chr. Cholecystitis	

Other contributory causes of importance: .....

Was an operation performed? yes Date of 12-28-37

For what disease or injury? Gastric ulcer

Name of operation Anst Gastroenterostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Lewald M. D.

(Address) Md. Gen'l. Hosp.

Immigration Visa Issued

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12508

CERTIFICATE OF DEATH

1/3/ F 12508

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs., ... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriet S. Garrison

If U. S. Veteran specify WAR .....

(a) Residence: No. 2922 Silver Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Crockett L. Garrison

6. DATE OF BIRTH (month, day, year) Oct. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME J. H. Collier

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Ruth Sears

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Ruth Sears

(Address) Tuscumbia Alabama

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cem Ala Date Jany 4. 1938

19. UNDERTAKER John Archibald Sons

(Address) 1700 Eutaw Place

19..... Huntington Delaware, Ohio

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937, to Jan 2, 1938. I last saw h.. alive on Jan 2, 1938. Death is said to have occurred on the date stated above, at 8 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uraemic Coma	12-30-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis J. Kroll M. D.

(Address) South Balto. Md.

INFORMATION, WITH THE EXCEPTION OF PARAGRAPHS 21 TO 24, INCLUSIVE, MUST BE FURNISHED BY THE NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACTS. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12509

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29809

F 12509

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 1 1-2107-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Shacklett

If U. S. Veteran specify WAR

(a) Residence: No. 414 St. Mary St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/18/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
[illegible]	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Claude Shacklett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Randall Town Date Jan 6 '38

19. UNDERTAKER George T. A. Gibson

(Address) 1735 Druid Hill Ave

20. FILED [illegible] Harrington Williams, M.D.

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1937, to JAN. 2, 1938.

I last saw her alive on JAN 2, 1938, 19. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	12-17-37
Other contributory causes of importance: Otitis Media, bi-lateral	12-24-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Earl Kadan, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12510 E 12510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Theodore A. Ramay

(a) Residence: No. 846 W. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0067

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Jan 3 - 1938

19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Koons.

20. FILED JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chest Injury	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec. 24, 1937

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private Drive Way. Lombard & Pratt St

Manner of injury Auto Ran over him,, He was lying in Drive way

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Carlin Coroner, M. D.

(Address) 757 Lemmon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12511

174 Registered No.

1. PLACE OF DEATH 509 Fawn

CITY OF BALTIMORE: (No. ... St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Shelton

(a) Residence: No. 509 Fawn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single and Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL DEC 3 - 1938 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Hoppe

20. FILED JAN 3 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Coroner

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/19 . 1937

Where did injury occur? 509 Fawn St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Head Crushed with axe or some heavy instrument

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Bauer, Coroner . M. D.

(Address) 1210 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12512

12512 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 E. Eager St. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jesse M. Taylor

If U.S Veteran specify WAR

(a) Residence: No. 618 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucretia ATaylor.

6. DATE OF BIRTH (month, day, year) Dec. 29th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mrs. White

16. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

17. INFORMANT Lucretia A. Taylor

(Address) 618 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Jan 4th, 1938

19. UNDERTAKER Geo. M. Fink & Son

(Address) 811 N. Wolfe. St.

20. [illegible] Jan 1938 [illegible]
(Date received by Registrar)

N 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1937, to January 2nd 1938

I last saw h alive on dead on arrival. Death is said to have occurred on the date stated above, at 520 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Kornand M. D.

(Address) 1934 Wilkens Av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12513 #28847 SF

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Kaiser

If U. S. Veteran specify WAR No

(a) Residence: No. 1705 N. Pentalou St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Max Kaiser

6. DATE OF BIRTH (month, day, year) 7/18/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~61~~ ?	65	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Harris

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lora May

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rosa T. Hart (Address) 1649 N. Pentalou

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Cem. Date Jan 4/38

19. UNDERTAKER J. Arnold Co (Address) 2933 Pentalou Rd

20. FILED JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1937 to 1-2, 1938

I last saw her alive on 1-1, 1938 Death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast with metastasis	Unknown
Cardiac Failure	1 month

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Woodward M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V F 12514

HEALTH DEPARTMENT—CITY OF BALTIMORE

12514

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MARYLAND. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 16-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clyde M. Shropshire If U. S. Veteran specify WAR World War

(a) Residence: No. 807 N. Appleton St., Balto. Md. St., ... Ward. 807 Harrison St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Thelma P. Todd Shropshire

6. DATE OF BIRTH (month, day, year) January 12, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio

10. Date deceased last worked at this occupation (month and year) [illegible] 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

FATHER

13. NAME Edward E. Shropshire

14. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

MOTHER

15. MAIDEN NAME Florence M. Camp

16. BIRTHPLACE (city or town) (State or country) Ringgold, Ga.

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Balt National Date 1-5- 1938

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

20. FILED ..... 19..... Registrar.

JAN 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 , 1938

22. I HEREBY CERTIFY, That I attended deceased from November 20 , 1937 , to January 2 , 1938

I last saw him alive on January 2 , 1938 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation, cecum with localized peritonitis	recent
Cyst, hemorrhagic, spleen	1936
Abemia, secondary, hemorrhagic	1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-27-37

For what disease or injury? Cyst, hemorrhagic, spleen

Name of operation Exploratory laparotomy

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. M. H. a deceased . M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. E.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 12515

12515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 2 - 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth Geraldine Foster

(a) Residence: No. 2035 Lough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank R. Foster

14. BIRTHPLACE (city or town) (State or country) Hawkinsville Md.

MOTHER

15. MAIDEN NAME Theresa Kahet

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank R. Foster

(Address) 2035 Lough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 4 1938

19. UNDERTAKER John J. Weber

(Address) 401 S. Charles St

[illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foreign body in trachea (Peanut)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 12/30/1937

Where did injury occur? 335 Lough St. Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Home

Manner of injury Swallowed a nut

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schumer, M. D.
Coroner

(Address) 1919 E. North Ave.

JAN 3 - 1938

V S 8

0

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12516 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12516

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Aged Women Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 14-X Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Barber

If U. S. Veteran specify WAR .....

(a) Residence: No. 1400 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Michael Barber

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Catherine A Robson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs E Cox (Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Jan 4 1938

19. UNDERTAKER J Vernon Kuhner (Address) 230 S Edmondson Ave

[illegible] Jan 4 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, 19..., to January 2, 1938

I last saw h[illegible] alive on January 1, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
Other contributory causes of importance: Arterio-sclerosis, generalized.	
Chronic myocarditis.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward B Jones M. D.

(Address) 1115 St. Paul St, City.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 - 1938

Patrick J Mahar

F 12517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Patrick J. Mahar

If U. S. Veteran specify WAR

(a) Residence: No. 513 Warren Ave St., ... Ward. Youngstown Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Honora Splain

6. DATE OF BIRTH (month, day, year) 12/2/74

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Eng-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Mahar

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Glenn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Youngstown, Ohio Date Jan 6 38

19. UNDERTAKER Henry W. Meamson

(Address) 805 N. Calvert St.

FILED JAN 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Jan 3, 1938

I last saw him alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 6 20 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	Abt 1937
Bronchopneumonia	12/30/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-28-37

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Kenyon, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Attention should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Escort: Rev. John L. Mahar, S.S. via: Pennsylvania Railroad

F 12518

12518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Earl L. Smith

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2319 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Edna M. Smith

6. DATE OF BIRTH (month, day, year) May 18, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Fertilizer Co

10. Date deceased last worked at this occupation (month and year) 12/31/37

11. Total time (years) spent in this occupation Two

12. BIRTHPLACE (city or town) (State or country) Jackson Miss.

FATHER

13. NAME James R. Smith

14. BIRTHPLACE (city or town) (State or country) Clifton Miss.

MOTHER

15. MAIDEN NAME Mary E. Jackson

16. BIRTHPLACE (city or town) (State or country) Pearl County Miss.

17. INFORMANT Edna M. Smith

(Address) 2319 Mc Elderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 4th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 4 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest I find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1914 E. North Ave.

JAN 4 1938

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12511 F 12511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Lyman ave St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isadore Vallier Hart

If U.S. Veteran specify War No Record

(a) Residence: No. 411 Lyman ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora May (Adams) Hart

6. DATE OF BIRTH (month, day, year) Oct 3 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Theatres

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Hart

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Eleanor Sickles

16. BIRTHPLACE (city or town) (State or country) Red Bank N. J.

17. INFORMANT Son Mr Earle Hart

(Address) 411 Lyman ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 5th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1935 to Jan 3, 1938

I last saw him alive on Jan 3 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Peritonitis Tbc	Late Nov 1935
Laryngeal Tbc	Apr 1937

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman Abbott M. D.

(Address) 3939 Clearmount

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 1938

12520

HEALTH DEPARTMENT—CITY OF BALTIMORE

12520

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 Brooks Lane St. 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Berkow

If U. S. Veteran specify WAR

(a) Residence: No. 815 Brooks Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Max

6. DATE OF BIRTH (month, day, year): Dec 24 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Cushner

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Benj J Ostfeld

(Address) 815 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cmety Washington Blvd Date Jan 4 1938

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-26 W. Northern

20. FILED JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1924 to Jan 3, 1938

I last saw h. alive on Jan 2, 1938. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	A 38, 5)
Other contributory causes of importance: Hypostasis	1924

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 1938

12521 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12521

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 W Lafayette ave Ward) 6-1

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah J Miller

(a) Residence: No. 1219 W Lafayette ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 1-1-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bozman Md

FATHER

13. NAME Thomas Moodey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daisy E. Bailey

(Address) 1219 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1-5 1938

19. UNDERTAKER Williams & Jackson

(Address) 910 Myrtle ave

20. FILED ..... 19..... ..... Registrar.

By .....

JAN 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1936 to Jan 2 1938

I last saw h.e.r. alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	(a)
Other contributory causes of importance:	
Contracture of hands	3-4 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hugh McDonald M. D.

(Address) 644 N Carey St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12522

12522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. X 9-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nicholas A. Pierce

(a) Residence: No. Joppa (Usual place of abode) Maryland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	77	7	26	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Joppa md

FATHER

13. NAME Isaac Pierce

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Maggie Russell

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Fred Hall
(Address) Joppa md

18. BURIAL, CREMATION, OR REMOVAL
Place St Stephen Date Jan 10 1938

19. UNDERTAKER Howard & McComas
(Address) Abingdon md

20. FILED Jan 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Jan 3, 1938

I last saw h— alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 6½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1 wk

Other contributory causes of importance:

Pat Arteriosclerosis (4 yrs)

Was an operation performed? Yes Date of Dec 31, 1937

For what disease or injury? Intestinal Obstruction

Name of operation Pelvic & R.L. Colectomy

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Rudisan M. D.

(Address) St. Josephs Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 1938

F 12523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 12523

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Gorsuch St. 2-9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa J. Zeller

If U. S. Veteran specify WAR .....

(a) Residence: No. 923 Gorsuch Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W. Fite	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Zeller

6. DATE OF BIRTH (month, day, year) Feb. 1 - 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Mathews

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christine Carter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank E. Zeller

(Address) 923 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Security Mem. Date Jan. 5 1938

19. UNDERTAKER John G. Wilbur

(Address) 2334 Jefferson St.

20. FILED JAN 4 - 1938 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1936 to Jan 1 1938

I last saw h. w alive on Jan 1 1938 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov. 1936

For what disease or injury? Exploratory

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jacob Frohn M. D.

(Address) 1828 N. Gaul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Rec'd)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12521

CERTIFICATE OF DEATH

V 46-BF 12524

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Copley Rd St. 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Mrs.) Catherine M. Pittel

If U. S. Veteran specify WAR .....

(a) Residence: No. 3409 Copley Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Harry Pittel

6. DATE OF BIRTH (month, day, year) Oct. 28 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Herman Koenig.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Schultze

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Douglas Pittel

(Address) 3409 Copley Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 4 1938

19. UNDERTAKER (Mrs.) Mistretta Bros.

(Address) North & Pa Aves.

20. FILED JAN 4 - 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to January 1 1938

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1937
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hans Jensen M. D.

1/10/38 (Address) 101 W. Read St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12525

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Edmondson Ave 8-2 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Buchner Lee

If U.S Veteran specify WAR ....

(a) Residence: No. 1427 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Buchner

6. DATE OF BIRTH (month, day, year) July 10, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Lee

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Maria Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Hollin Holland

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary - Windsor Hills Date 1/4, 1938

19. UNDERTAKER Samh. W. Chase & Son

(Address) 638 N. Pilmor

20. FILED JAN 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937 to Jan 2, 1938

I last saw her alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular Disease	
Myocardial Insufficiency	4 mos
Other contributory causes of importance:	
Nephritis	1 mo

Was an operation performed? — Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Geo. C. McDonald M. D.

(Address) 1414 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

12526 12526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 GREENWAY. St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN J. BUFFINGTON

If U. S. Veteran specify WAR

(a) Residence: No. 3703 GREENWAY St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CELIA TALBOT

6. DATE OF BIRTH (month, day, year) Feb. 11/ 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	9 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Buffington

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward W. Buffington

(Address) 3703 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1/4/38 19

19. UNDERTAKER John Carmichael

(Address) John O. Mitchell & Sons 1900 Eutaw Place

20. FILED JAN 4 - 1938 19 [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1937 to Jan. 2, 1938

I last saw him alive on Dec. 31, 1937. Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary occlusion	1933

Other contributory causes of importance:

Hypertension.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter B. Wright, M. D.

(Address) 101 Read St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12527

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4114 Montana Ave. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph D. Gibney

(a) Residence: No. 4114 Montana Ave. E., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy May Gibney

6. DATE OF BIRTH (month, day, year) Jan 19, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Gibney

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Daisy May Gibney
(Address) 4114 Montana Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan. 5, 1938

19. UNDERTAKER John D. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

20. FILED JAN 4 - 1938, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to Jan 2, 1938

I last saw him alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Myocarditis	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) JS Harding M. D.
(Address) 4810 Belair Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12528

HEALTH DEPARTMENT—CITY OF BALTIMORE

12528

CERTIFICATE OF DEATH

✓ 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Eutaw Place St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida R. Fox

If U. S. Veteran specify WAR

(a) Residence: No. 2428 Eutaw Place. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Fox,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Newburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. L. Fox,
(Address) 6118 Biltmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Jany. 5, 1938

19. UNDERTAKER David Lundheim & Son
(Address) 1902 Eutaw Place.

20. FILED 19 [illegible] Registrar.

JAN 4 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 3rd. 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Jan 3 1938

I last saw her alive on 3 Jan 1938 Death is said to have occurred on the date stated above, at 9.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Heart Block	
Coronary Thrombosis	
Other contributory causes of importance:	
Hypertension.	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Cohen M. D.

(Address) Marlborough Apts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12529

HEALTH DEPARTMENT—CITY OF BALTIMORE

12529

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Marlborough Apts. St., Eutaw Place & Wilson St. Ward) 14-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Koenigsberg

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud W. Koenigsberg

6. DATE OF BIRTH (month, day, year) May 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Abraham Koenigsberg

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Addye Castelberg

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. Koenigsberg,
(Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Jany. 5, 1938

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED JAN 4 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1934 to Jan'y 3, 1938

I last saw h— alive on Jan 3 1938. Death is said to have occurred on the date stated above, 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Cardiac Arrest
Acute Cardiac Dilatation
Failure

Date of onset
Y. ?
Nov. 1937

Other contributory causes of importance:
Hypertension

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Cohen M. D.

(Address) Marlborough Apts.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 - 1938

Mchalson

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12530

CERTIFICATE OF DEATH

V 131

F 12530

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 E. Balto. St. 2-K Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clia Faiga Malin

If U. S. Veteran specify WAR

(a) Residence: No. 1501 E. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur Julius Malin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houswife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yisrom Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Baila —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben Malin

(Address) 1501 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Date 1-4-38

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E Balto St

19 Filed

JAN 4 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1936 to Jan. 3rd 1938

I last saw h alive on Jan 3rd 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchial asthma	1937
arterio sclerosis	1936
CW. myocarditis	1936
CW. hepatitis	1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. G. Michelson M. D.

(Address) 2230 Eutaw Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6

F 12531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B 12531

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Brasier St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallace Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1131 Brasier St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wallace Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ella Johnson

(Address) 1131 Brasier

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/6/38 19

19. UNDERTAKER Isaiah L Brawson

(Address) 1080 Montgomery Street

19 ... Registrar.

JAN 4 - 1938

Huntington Philadelphia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 3, 1938

I last saw h... alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Influenza

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. Pfeiffer M. D.

(Address) 501 W Lombard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12532

CERTIFICATE OF DEATH

108 F 12532

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bruce's City Hospitals

CITY OF BALTIMORE: (No.) Bay View St., (Ward)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Margaret Conway

(a) Residence: No. 1615 N. Milton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Conway (dead)

6. DATE OF BIRTH (month, day, year) Aug. 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael J. Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Riley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Albert F. Conway

(Address) 673 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/5/38

19. UNDERTAKER J. Heuman Sons

(Address) 2 Broadway

20. FILED JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days.
Other contributory causes of importance: Arterio-sclerosis	Long time

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Clinical Date of —

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

V S 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12533 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12533

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 S. Gilmor St St. 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Ritter

If U. S. Veteran specify WAR .....

(a) Residence: No. 203 S. Gilmor St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James T. Ritter

6. DATE OF BIRTH (month, day, year) April 22, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Abbington (State or country) Harford County Md.

FATHER

13. NAME Henry Ozman

14. BIRTHPLACE (city or town) Talbott County (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Warem

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT James Ritter (Son)
(Address) 203 S. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan 5, 1938

19. UNDERTAKER Rott & B M Walters
(Address) Pratt & Stricker Sts.

20. FILED JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 1936 to Jan 2, 1938

I last saw her alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at 9.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Myocarditis with	(?)
Complete Heart Block	12/30/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) William D. Stapleton M. D.
(Address) 1326 W. Lombard

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WUST

12534 F 12534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28280 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wust

If U. S. Veteran specify WAR .....

(a) Residence: No. 2200 Frederick Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6-24-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Fred

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address) ~~Dispatcher Loudon Park Gem 1/12/38~~

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 4 - 1938

Commissioner of Health

19. UNDERTAKER E. W. Lamoreau 1003 W Balto.

(Address) Per H. A. Moore

20. FILED JAN 4 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1937, to December 28, 1937

I last saw him alive on December 28, 1937. Death is said to have occurred on the date stated above, at 8:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	ab. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12535

12535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29075--RHW

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Smith

If U. S. Veteran specify WAR

(a) Residence: No. 645 Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 8/10/1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Macklin

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 1 - 1938

19. UNDERTAKER
(Address) for H. A. Moore

20. FILED [illegible] 19 [illegible]

1938

3125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1937 to 12-24, 37

I last saw her alive on 12-23, 1937 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid (?)	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 12536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12536

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N Central Ave) (5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vice Scott

(a) Residence: No. 601 N Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo Scott

6. DATE OF BIRTH (month, day, year): Dec 22-1875

7. AGE: Years 62 | Months | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Edenton NC

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Ethel Rawls

(Address) 1532 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem- Date 1-4-1938

19. UNDERTAKER Mrs P. A. Elliott Daughter

(Address) 1129 N. Caroline St.

20. FILED Jan 3 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Central Apoplexy — Date of onset: Dec 29 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Geo. C. Allen Coroner M. D.

(Address) 5 E Lexington St

N 4 1938

V S 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12537

CERTIFICATE OF DEATH

√ 48

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 4-40th St & Keswick Rd 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mamie F. Campbell — U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., Balto. Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Henry C Campbell

6. DATE OF BIRTH (month, day, year) 10-11-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John N. Connor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Merab J. DeMoss

16. BIRTHPLACE (city or town) (State or country) Relay Md

17. INFORMANT Home for Incurables (Address) Relay Md

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis Md. Date Jan 4 1938

19. UNDERTAKER Wm J Luckman & Sons (Address) Ft Ave

20. FILED JAN 4 1938 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~1936~~ June 1 1936 to Jan 3 1938

I last saw her alive on Jan. 3 1938. Death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson's Postencephalitic Syndrome	1925
Carcinoma of Cervix (Radiard)	1931

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Conrad Acton M.D.

(Address) Home for Incurables

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28752 95-PF 12528

Registered No. 12528

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Brown Trower

If U. S. Veteran specify WAR

(a) Residence: No. 1524 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Trower (Sep.)

6. DATE OF BIRTH (month, day, year) 10/9/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/5 19 38

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED 19 (Registrar)

JAN 4 1938 ~~Huntington Howard, Jr.~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/2/37 19 to 1/1/38 19

I last saw her alive on 1/1/38 19 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Cardio-vascular disease.	Unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) H. A. de Lantillo M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3031 O'DONNELL ST. St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARION V. BRUNE

If U. S. Veteran specify WAR

(a) Residence: No. 3031 O'DONNELL ST. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FRANK L. BRUNE.

6. DATE OF BIRTH (month, day, year) JAN. 5/1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58.	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME SAMUEL HORNEY

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME ELIZABETH. BURAT.

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT FRANK. L. BRUNE.
(Address) 3031 O'DONNELL ST.

18. BURIAL, CREMATION, OR REMOVAL
Place NEW CATHEDRAL Date JAN. 5 1938

19. UNDERTAKER Eddy & Zeiler Inc.
(Address) 403 S. Dolfe St.

20. FILED ... Registrar.

N 4. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Jan 3 1938

I last saw her alive on Jan 3 1938 Death is said to have occurred on the date stated above, at 9:15 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
+ Chronic Nephritis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12540

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 N. Kenwood St., 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Thum

If U. S. Veteran specify WAR .....

(a) Residence: No. 143 N Kenwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Sebastian Thum

6. DATE OF BIRTH (month, day, year) July 13-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Rudel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary and Frederick (Address) 143 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 5 1938

19. UNDERTAKER Lilly & Heilig Inc (Address) 903 N Howard St

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 37 to Jan 1 1938

I last saw her alive on Jan 1st 1938 Death is said to have occurred on the date stated above, at 11 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1yr
Other contributory causes of importance: Cerebral Hemorrhage	2 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edmund J Goos M. D.

(Address) 2530 E Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 4

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12511

12511

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 BANK ST. St., 2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY CARSTENSEN

If U. S. Veteran specify WAR

(a) Residence: No. 1914 BANK ST. St., 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced: (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of PETER W. CARSTENSEN

6. DATE OF BIRTH (month, day, year) SEPT. 22-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME JOSEPH WICKLEIN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT PETER W. CARSTENSEN (HUSBAND)

(Address) 1914 BANK ST.

18. BURIAL, CREMATION, OR REMOVAL.

Place WOODLAWN CEM. Date JAN. 6 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1937, to Jan 2 1938

I last saw h alive on, 19. Death is said to have occurred on the date stated above, at 11 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Oct 26/37
Followed by Hemoplegia	
Other contributory causes of importance.	
Senescence Decubitus	Jan 2/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Brenda J Fleming, M. D.

(Address) 1900 Eastern Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12542

CERTIFICATE OF DEATH

93-C F 12512

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1731 Cole St St. 19-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Hands

If U. S. Veteran specify WAR

(a) Residence: No. 1731 Cole St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Denton Hands

6. DATE OF BIRTH (month, day, year) Aug 28 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Avalon Md

FATHER

13. NAME ? De Graft

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Mrs) Oliver R. Hands
(Address) 413 S. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Melvill, Eckridge Md Date 1/5 1938

19. UNDERTAKER Leonard D. Covington
(Address) 21 W. 25th St. Baltimore, Md

FILED JAN 4 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Jan 2 1938

I last saw her alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan 1 '38
	over

Other contributory causes of importance:

Hypertension	yrs
Generalized arteriosclerosis	yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Nathan Ravenin, M. D.

(Address) 206 S. Gilmor St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3215 Elliott St. 26-11 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Porter
If U. S. Veteran specify WAR

(a) Residence: No. 3215 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced
~~HUSBAND~~ (or WIFE) of Anna Porter

6. DATE OF BIRTH (month, day, year) Aug 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER
13. NAME David M. Porter
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Isabelle —
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martin L. Porter
(Address) 2418 - 10th St. Highlandtown

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/5/38, 19

19. UNDERTAKER J. J. Doran
(Address) 3600 E. Baltimore St

20. FILED JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/38

22. I HEREBY CERTIFY, That I attended deceased from January 2 1938 to January 3 1938

I last saw him alive on January 3 1938 Death is said to have occurred on the date stated above, at 1 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Pulmonary Oedema	1-3-38

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Failure of cerebral circulation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) I. E. Bronushas, M. D.
(Address) 3037 O'Donnell St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29362--BHW

1. PLACE OF DEATH — Registered No. 108

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Steigerwald, John — If U. S. Veteran specify WAR .....

(a) Residence: No. 3226 Noble St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 3/?/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 6, 1938

19. UNDERTAKER John A. Mulany
(Address) 3000 E. Balto St

20. FILED ..... 19..... Registrar.

JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/26/37, 19..... to 1/3/38, 19.....

I last saw h[illegible] alive on 1/3/38, 19..... Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 days ago
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. A. de Santalla M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12545

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Maryland Ave St., 12-6 Ward)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? 77 yrs. 10 mos. 6 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Sarah Malissa Van Daniker

(a) Residence: No. 2223 Marylandave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): April 28-1860

7. AGE: Years 77 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Public School Teacher 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation: Retired

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Van Daniker

14. BIRTHPLACE (city or town) (State or country): Cecil Co. Md.

MOTHER

15. MAIDEN NAME: Anne M. Stewart

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

17. INFORMANT: Mrs. Mary M. Van Daniker

(Address) 2223 Marylandave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem'y. Date Jan 5 1938

19. UNDERTAKER: Stewart Mort Co.

(Address) 108 W Monument

20. FILED ..... 19 .....

N 4 1938

6 NFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1930 to Jan 3, 1938

I last saw her alive on Jan. 3, 1938. Death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1930
Cerebral hemorrhage	3/7/35
	12/15/37
Other contributory causes of importance:	
Cardiac failure	1/3/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jane F. Jump M. D.

(Address) 2060 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12546

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W Monument St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes O. Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. 101 W Monument St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Late Decatur H. Miller

6. DATE OF BIRTH (month, day, year) Nov 7th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	2 1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Anne Arundel Co Md

FATHER

13. NAME ? Owens

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME ? Hamilton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alfred J Miller

(Address) Glen Hall Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 6th 1938

19. UNDERTAKER Henry W Jenkins Son & Co

(Address) Oakland Md Garrett Co

20. FILED Jan 6 1938 [illegible] Registrar

N 4 1938

O H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31 to Jan 4 1938.

I last saw her alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 12 30 ~~P~~ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Arteriosclerosis	Gradual
Other contributory causes of importance: Bronchitis. Asthma	2 wks.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W H Moody M. D.

(Address) 1405 Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12517

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3930-Frisby Street St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Farley

If U. S. Veteran specify WAR .....

(a) Residence: No. 3930-Frisby Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget

6. DATE OF BIRTH (month, day, year) 3/3/1863

7. AGE Years	Months	Days	If LESS than 1 day, x hrs. or min.
74	10	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Mary Dunn

(Address) 3930-Frisby Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/6/38 19

19. UNDERTAKER Geo. J. Ruth, Inc.

(Address) 1755-Harford Ave.

20. FILED JAN 4 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1937 to Jan 3 1938

I last saw him alive on Dec. 31 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Hyp. Prostate, Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. W. Kenney M. D.

(Address) 1812 E. Broadway

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12548

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 So Bayliss St. 26-9 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin A. Smith

(a) Residence: No. 909 So Bayliss St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Smith

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month, day, year) March 29, 37

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Stansbury

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alex Robinson (Address) 937 So Bayliss St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Jan 5 1938

19. UNDERTAKER Robert E. Williams (Address) 15 15th Mc Elroy

20. FILED Jan 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1937 to Jan 3 1938

I last saw h.. alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-26
Other contributory causes of importance: 1 Arterio-Sclerosis	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument St

N 4 1938

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 12549

12549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Harlem ave St., 6-3 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry W. Armistead

(a) Residence: No. 1605 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella L. Armistead

6. DATE OF BIRTH (month, day, year) Aug. 19, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 12/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) West Point Va.

FATHER

13. NAME Oliver Armistead

14. BIRTHPLACE (city or town) (State or country) New Kent Co. Va.

MOTHER

15. MAIDEN NAME Susan Ann Madison

16. BIRTHPLACE (city or town) (State or country) New Kent Co. Va.

17. INFORMANT (Address) Mrs. Lizzie Walker 516 Calhoun St. Rockville

18. BURIAL, CREMATION, OR REMOVAL Place Bet. Auburn Date Jan. 5, 38

19. UNDERTAKER (Address) Mrs. George H. Holland 631 Druid Park Ave

20. FILED JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Conner M. D.
Coroner

(Address) 210 Harlem ave

V F 12550

HEALTH DEPARTMENT—CITY OF BALTIMORE

12550

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 14 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Virginia Dare Jones

If U. S. Veteran specify WAR

(a) Residence: No. Provident Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Livingston W. Va.

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Beaverdam Va

MOTHER

15. MAIDEN NAME Ethel Ferguson

16. BIRTHPLACE (city or town) (State or country) Beaverdam Va

17. INFORMANT Ethel Ferguson Royal
(Address) R F D #1 Box 149 - Lynchburg Va

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg, Va Date 1/4/38 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1611 Diamond Ave

20. FILED JAN 4 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Jan 3, 1938

I last saw her alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia (Type I Pneumococcus)	Dec 27
Bacteremia	Jan 1

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. J. Peterson, M. D.

(Address) 606 N Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12551

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1370 Washington Blvd St. 21-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 25 dds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George B. Maxwell

If U. S. Veteran specify WAR

(a) Residence: No. 1370 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Bertha A. Maxwell

6. DATE OF BIRTH (month, day, year) Apr 8, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horseshoer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thomas Maxwell

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Dell

(Address) # 1370 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1 / 6 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Rolling Street

20. FILED 19 Registrar

JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1926 to Jan 2, 1938

I last saw him alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertensive Cardio-Renal disease	(?)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Williams & Dupuy M. D.

(Address) 1326 W. Lombard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12552

HEALTH DEPARTMENT—CITY OF BALTIMORE

12552

129

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Murphy

(a) Residence: No. 2127 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Everett Murphy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie Clark

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Buried Date 1/7/38

19. UNDERTAKER Mrs. George B. Collard (Address) 631 Druid Hill Ave.

20. FILED JAN 4 1938 Harriet [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/38

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1937 to Jan 4 1938

I last saw h[illegible] alive on Jan 4 1938 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
	one

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 27, 1937

For what disease or injury? Peritonitis

Name of operation Colopotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? [redacted] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) J. Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

339262 HEALTH DEPARTMENT—CITY OF BALTIMORE D 12553

339553

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-4 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Hilda Ruffing

If U. S. Veteran specify WAR

(a) Residence: No. 1827 E Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 6-22-02

7. AGE: Years 35 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. do 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Joseph Kaughan

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME May E Atkinson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 5, 1938

19. UNDERTAKER Milton Schilling (Address) 1122 E. Monument St

20. FILED JAN 4 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Jan 2, 1938

I last saw her alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1931
Hypertension	1931
Hemorrhage into right internal capsule	1938

Other contributory causes of importance:

Pulmonary edema, Terminal

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Fleischer, Jr. M. D.

(Address) Johns Hopkins Hospital.

Size CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12554 F 12554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Paca St. 22-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles E. Green

If U. S. Veteran specify WAR

(a) Residence: No. 520 S. Paca St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Green

6. DATE OF BIRTH (month, day, year) Not known - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63 62	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John W. Green

14. BIRTHPLACE (city or town) (State or country) Cumberland, Maryland

MOTHER

15. MAIDEN NAME Susie Buckley

16. BIRTHPLACE (city or town) (State or country) Frederick, Maryland

17. INFORMANT Mrs. Clarence Espey

(Address) 2805 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Jan. 5 1938

19. UNDERTAKER John A. Grebliunas Jr.

(Address) 1423 S. Paca St

20. FILED JAN 4 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 3 1938

I last saw him alive on Jan 2 1938 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerosis	
b. Chronic Nephritis	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward F. Miller M. D.

(Address) 682 Washington Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4515 Garrison Blvd ST., WARD 13-24

Century Convalescent Home

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Solomon

(a) RESIDENCE NO. 2843 Braddock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Born in Balto How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Solomon

6 DATE OF BIRTH (month, day, and year): Aug 10 - 1874

7 AGE: Years 63 | Months 4 mos Aug. | Days 21 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone-cutter

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: — Kohn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Regina Levi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Darmstadt Germany

14 Informant: Dr H Gark (Address) 18 H Gwynnstall Ave

15 Filed JAN 4 1938, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/4 1938

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1911, to January 3, 1938, that I last saw h alive on Jan 3, 1938, and that death occurred, on the date stated above, at 10.50 P m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis.

(duration) 26 yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Bernard Gark, M. D.

, 19 (Address) 18 H Gwynnstall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rest. Friendship Park — DATE OF BURIAL: Jan 6 1938

20 UNDERTAKER: J. Wrenn & Co — ADDRESS: 2431 Reisterstown Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 12556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12556

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E 22nd St. 12-H Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bartholomew J. Mannion

If U. S. Veteran specify WAR

(a) Residence: No. 400 E 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Sarah J McLaughlin

6. DATE OF BIRTH (month, day, year) 4-3-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heating 0530

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year) V

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Denis Mannion

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Paul Mannion

(Address) 400 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan 5 1938

19. UNDERTAKER Mary M Redfield

(Address) 801 E Fort Ave

20. FILED 19 Registrar

N 4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/30/ 1937 to 1/2/ 1938

I last saw h.. alive on 1/2/ 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	24 hrs
Other contributory causes of importance:	
Arteriosclerosis	6 mos.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Mills M. D.

(Address) 532 E 22nd St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12557

CERTIFICATE OF DEATH

953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. WEST BALT. GEN. HOSP. Ward) 17-4

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis SHERWOOD

If U. S. Veteran specify WAR

(a) Residence: No. 2037 N. CALVERT St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) MARGARET SHERWOOD

6. DATE OF BIRTH (month, day, year) SEPT 23 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	55	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) FOREST HILLS, MD

FATHER

13. NAME L. Sherwood

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME HAWKINS

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Mrs Margaret Sherwood
(Address) 2037 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Cemetery Date Jan 5 1938

19. UNDERTAKER Mary M Wedefeld
(Address) 501 E 22nd St

20. FILED JAN 4 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/1937

22. I HEREBY CERTIFY, That I attended deceased from DEC 15 1937 to JAN 2 1938

I last saw h.. alive on JAN 2 1938 Death is said to have occurred on the date stated above, at 10:17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARDIAC FAILURE	5 YEARS
FULMINATING G.U. INFECTION	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wyatt Lewis, M. D.

(Address) WBGA

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

12558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12558

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3831 Clifton av St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Giovanni Schiaffino

(a) RESIDENCE NO. 3831 Clifton av Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 10th 1853

7 AGE: Years 84 | Months 5 | Days 23 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Genoa, Italy

(State or country): Recco, Province of Genoa

PARENTS

10 NAME OF FATHER: Giacomo Schiaffino

11 BIRTHPLACE OF FATHER (city or town): Camogli near Genoa

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Grazia Morlola

13 BIRTHPLACE OF MOTHER (city or town): Camogli Italy

(State or country):

14 Informant: James Schiaffino

(Address) 46 Melvin Av Catonsville

15 Filed ..... 1938 ..... Registrar

JAN 4 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 2d 1938

17

I HEREBY CERTIFY, That I attended deceased from October, 19 37, to Jan 2d, 1938, that I last saw h.m. alive on Jan 1st, 1938, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cardio Renal

Arterio Sclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Joseph D Gichner, M. D.

Jan 2, 1938 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Lee Date of Burial: June 1937

20 UNDERTAKER: Chas R Stevens ADDRESS 1631 E Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

F 12359 F 12559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 167 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn L. Ireland

If U. S. Veteran specify WAR

(a) Residence: No. 3115 Normount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Guy C. Ireland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie L. Hartmann

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Minnie L. Ireland

(Address) 3115 Normount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date Jan 5, 1938

19. UNDERTAKER Harry F. Nitzke

(Address) 4101 Edmondson Ave.

JAN 5 1938

19 ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury Poison	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Injury, Dec. 22, 1937

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Poison Bichloride

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. Coulson, M. D. Coroner

(Address) 2757 N. Howard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12560 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12560

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 McElderry St., 7-5 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Ed. Bond Jr.

(a) Residence: No. 1617 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME George Ed. Bond Sr.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude V.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cathrine Boudenard

(Address) 3010 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan 5th, 1938

19. UNDERTAKER Byron & Francis E. Knight

(Address) 2180 McElderry St

JAN 5 1938

Registrar, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Jan 3 1938

I last saw h alive on Jan 3 1938 Death is said to have occurred on the date stated above, at 900 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Abt Nov 1 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Chiquelle

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

Teresa Woodland

F 12561 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12561

CERTIFICATE OF DEATH

Registered No. 97-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Edmonson Ave St., 17-3 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Teresa Woodland

(a) Residence: No. 700 Edmonson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Woodland

6. DATE OF BIRTH (month, day, year) Oct 23 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Wm A. Colbert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dixon ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Leonia Diggs
(Address) 700 Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Jan 7 1938

19. UNDERTAKER T. E. Kelson
(Address) 1303 Pennsylvania Ave

Registrar

JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936, to Jan 3 1938

I last saw her alive on Jan 3 1938 Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Dec 31 '37
Other contributory causes of importance:	
Chronic Valvular Heart Disease	?
Myocarditis	?
Bronchial Pneumonia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hugh Knight M. D.

(Address) 117 N. Sandtown St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 153

12562

1. PLACE OF DEATH Sinai Hosp

Registered No.

CITY OF BALTIMORE: (No. ..... St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fanny Caplan

If U.S. Veteran specify WAR ...

(a) Residence: No. 3818 Woodhaven Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Louis Caplan

6. DATE OF BIRTH (month, day, year) Nov 5 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Morris Greenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Norma Goldstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Caplan

(Address) 3818 Woodhaven ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date Jan 5 1938

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 W Fayette ave

JAN 5 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec -7- 1937 to Jan -4- 1938

I last saw h[illegible] alive on Jan 4 1938. Death is said to have occurred on the date stated above, at 3[illegible]46 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute disseminated lupus erythematosus	Oct 7 1937

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Isaac Saulson M. D.

(Address) Sinai Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 N. Milton ave. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1137 N. Milton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Schmidt

6. DATE OF BIRTH (month, day, year) April 13 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

11. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Schmidt

(Address) 2225 E. Biddle st

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 7 1938

19. UNDERTAKER J Henry Lutz

(Address) 1203 Dr. Broadway

20. [illegible] Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1937 to Jany 4 1938

I last saw h[illegible] alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Hypertension	1921

Other contributory causes of importance:

Senile Debility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W W White Jr. M. D.

(Address) 2800 St Paul St

THE CAUSE OF DEATH is to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12564 F 12564

HEALTH DEPARTMENT—CITY OF BALTIMORE #12108 S

CERTIFICATE OF DEATH ✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)
life

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Schmidt — If U. S. Veteran specify WAR .....

(a) Residence: No. 1416 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 9/26/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	66	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Clamburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Jan 5. 1938

19. UNDERTAKER Wendell Hilgenfeld
(Address) 1403 Lombard St

20. FILED JAN 5 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 4, 1938.
I last saw him alive on January 4, 1938. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Lautelle, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12565

CERTIFICATE OF DEATH

√ 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Hall, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 907 E. Chase St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not working

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T. Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret M. Johnson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Margaret Kleeman

(Address) 907 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

St. Ann Cemetery Annapolis Jan 6, 1938

19. UNDERTAKER Elmer W. Conklin & Son

(Address) 924 E. Eager St.

20. FILED JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Jan. 3, 1938 (Month, day, and year) 19

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Truck

Nature of injury Exeter St & Viaduct

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. K. Conklin M. D.

(Address) 2757 W Mon St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12566 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12566

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., 2-3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Maria Taylor

(a) Residence: No. 115 W. Henrietta St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthor Langford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rosie Bunch
(Address) 115 W. Henrietta St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/6/39 19

19. UNDERTAKER Isaiah L. Binns & Son
(Address) 108 W. Montgomery St

20. FILED JAN 3 1939 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1939 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Steps of Ebenezer Church

Manner of injury Fell Down Steps of Church

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12567

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Lanvale St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles N. Goodling

If U. S. Veteran specify WAR ✓

(a) Residence: No. 3115 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hannah Goodling

6. DATE OF BIRTH (month, day, year) Sept 15. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Henry Goodling

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Hess

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs P. Banks Glasmyer

(Address) 3115 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place York Pa Date Jan 7 1938

19. UNDERTAKER H. M. Leckrone, York Pa

(Address) ... Pa

JAN 5 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-18-, 1937, to 1-4-, 1938

I last saw him alive on 1-4-, 1938. Death ~~is said to have~~ occurred on the date stated above, at 4.09 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Cirrhosis	6-18-37
Other contributory causes of importance:	
Pneumonia, lobar	12-8-37
Coccheria s. lung abscess	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Autopsy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fulton C. Lang, M. D.

(Address) 2117 Belair Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

12568

CERTIFICATE OF DEATH

12568

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Schumann

If U. S. Veteran specify WAR .....

(a) Residence: No. 5926 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard P. Schumann

6. DATE OF BIRTH (month, day, year) Oct 19-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Tiedebohle

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Maria Orschel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Carrie Burns
(Address) 2631 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place at N Cr Cem Date Jan 6 1938

19. UNDERTAKER John Ulrich
(Address) 202 S Bellaire

20. FILED ..... 19.....

Hamilton & Hargrave, Mgrs

JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-18-37, 19..... to 1-3-38, 19.....

I last saw her alive on 1-3-38, 19..... Death is said to have occurred on the date stated above, at 1.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema of gall bladder	June 1937
Cirrhosis of liver	Dec 25-37

Other contributory causes of importance:

Pulmonary edema (air)	12-31-37
Broncho-pneumonia (air)	1-1-38

Was an operation performed? Yes Date of 12-19-37 (a) 12-20-37 (b)

For what disease or injury? (a) Cholecystitis (b) Cholelithiasis

Name of operation (a) Incision & Drainage (b) Cholecystectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Leonard D. Lawrence, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12569

CERTIFICATE OF DEATH

F 12569

Registered No. 431

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kenneth C. Lenze

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2122 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (~~or WIFE of~~) Paul B. Lenze

6. DATE OF BIRTH (month, day, year) March 13, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Joiner Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Coast Guard

10. Date deceased last worked at this occupation (month and year) 11/1/37

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William A. Lenze

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Daisy Collins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Paul B. Lenze

(Address) 2114 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 5th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED JAN 5 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Glomerular Hypertension	

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1712 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12570

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Dowell

War Record No

(a) Residence: No. 2600 Arquith St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie May Dowell

6. DATE OF BIRTH (month, day, year) April 7th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Work

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
Sept 1937	18

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Samuel Dowell

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

15. MAIDEN NAME Nellie G. Parks

16. BIRTHPLACE (city or town) (State or country) Balto-Co. Md.

17. INFORMANT Annie M. Dowell

(Address) 2600 Arquith St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 7th 1938

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

Huntington Telegraph 1-7

FILED JAN 5 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-38. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23. 1937 to Jan. 4 1937

I last saw him alive on Jan. 4. 1937 Death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-4-38
Intermediate Cardiovascular Renal Disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lawrence J. Shimanek, M. D.

(Address) St Agnes Hospital

3

Instructions: Before filling in this certificate, carefully examine it. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12571

CERTIFICATE OF DEATH

V 23

E 12571

1. PLACE OF DEATH

Registered No. 12-3

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Greinus (8029)

If U. S. Veteran specify WAR

(a) Residence: No. 338 E. Federal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nona

6. DATE OF BIRTH (month, day, year) Feb. ? 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Bartell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1-7- 1938

19. UNDERTAKER John E. Miller Inc
(Address) 2435 E. Oliver St.

20. FILED JAN 5 1938, 19
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935 to January 4, 1938

I last saw him alive on January 4, 1938 Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. Cassels, M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42572 ✓ 82-a F 42572

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3341 Elmora Ave. ST., 8-1 WARD)

2-FULL NAME John J. Feeney.

(a) RESIDENCE NO. 3341 Elmora Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs 1 mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Jennie Feeney.

6 DATE OF BIRTH (month, day, and year) November 25, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	9 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer, 013

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Patrick Feeney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mamie Hagerty.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Jennie Feeney.(wife)
(Address) 3341 Elmora Ave.

15 1938 ..... 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3, 1938

17 I HEREBY CERTIFY, That I attended deceased from December 31, 1937, to January 3, 1938,

that I last saw him alive on January 2, 1938,

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hemiplegia.

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

1/5/ 1938 Address 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL 1-7 1938

20 UNDERTAKER Bernard C. Hale

ADDRESS 31 E West St

0

This is very important. See instructions on back of certificates.

12573

HEALTH DEPARTMENT—CITY OF BALTIMORE

12573

CERTIFICATE OF DEATH V 174

1. PLACE OF DEATH 917 Jordan St. Registered No.

CITY OF BALTIMORE: (No.) St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Jefferson

If U. S. Veteran specify WAR

(a) Residence: No. 917 Jordan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston S C

FATHER

13. NAME Lewis Jefferson

14. BIRTHPLACE (city or town) (State or country) Charleston S C

MOTHER

15. MAIDEN NAME Lucy Mitchell

16. BIRTHPLACE (city or town) (State or country) Charleston S C

17. INFORMANT Louis Young

(Address) 917 Jordan St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 1/6 1938

19. UNDERTAKER Joseph D. Locke

(Address) 1532 Pennsylvania Ave

20. FILED 19

JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of chest	
a Resulting pulmonary hemorrhage	
b	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 2 1938

Where did injury occur? 917 Jordan St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Shot with gun in chest

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lamb Mayer M. D.

Coroner

(Address) 215 E. Lanvale St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12571 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12571

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 W Madison St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael H. Hart

If U. S. Veteran specify WAR

(a) Residence: No. 313 W Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hart

6. DATE OF BIRTH (month, day, year) Aug 4 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary. 5014

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Hart

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Mary Hart
(Address) 313 W. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cemetery Date Jan 7 1938

19. UNDERTAKER Chas. H. Black
(Address) 742 N Carrollton Ave

FILED JAN 5 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1937 to Jan 4 1938

I last saw him alive on Jan 4 1938 Death is said to have occurred on the date stated above, at 8 10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia 2 leg. 1 wk 8 hrs
Generalized Arteriosclerosis &
Kidney Lungs & Hemorrhage.
Severe Anaemia.

Other contributory causes of importance:

Cardiac Asthenia. 2 da.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, How?

(Signed) Elbert Coomes M. D.

(Address) 806 N Fulton Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

12575

HEALTH DEPARTMENT—CITY OF BALTIMORE

12575

CERTIFICATE OF DEATH

4122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611-E. North St. 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U. S. If of foreign birth 77 yrs. — mos. — ds.

2. FULL NAME Mary Virginia Booth

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 1611-E North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Apr 6- About 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 77		-8	-29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sewyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C Booth

14. BIRTHPLACE (city or town) (State or country) Probably Balto Md

MOTHER

15. MAIDEN NAME Maryann Bartol

16. BIRTHPLACE (city or town) (State or country) Probably Balto Md

17. INFORMANT Miss Anna L Baxter (cousin)

(Address) 1641-Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 7- 38

19. UNDERTAKER Stewart Morris Co.

(Address) 108 Mosher Ave.

20. FILED JAN 5 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- 1938.

22. I HEREBY CERTIFY, That I attended deceased from 12/30/37 to 1-5- 1938

I last saw h[illegible] alive on 1-4- 1938. Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility -	
Ileus	12/30/37
Other contributory causes of importance Broncho pneumonia	1/3/38
Cardiac insufficiency	1/5/38

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. A Barber M. D.

(Address) 1517 E North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12576

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 St. Johns Rd. 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 85 yrs. 9 mos. 11 ds.

2. FULL NAME Mary Hyde Hopkins

(a) Residence: No. 711 St. Johns Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	5. Color or Race	6. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Hopkins

6. DATE OF BIRTH (month, day, year) March 24, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Maryland

FATHER

13. NAME Benj. W. Hyde

14. BIRTHPLACE (city or town) (State or country) Aaco Md.

MOTHER

15. MAIDEN NAME Mary Ann Eliz. Bird

16. BIRTHPLACE (city or town) (State or country) Aaco. Md.

17. INFORMANT Son. Hastings Hopkins

(Address) 711 St Johns Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mt. Cem. Date 2nd Jany 6 19 38

19. UNDERTAKER Stewart Mortuary Co.

(Address) 1518 Linden Ave.

20. FILED Jan 5 1938 [illegible] Registrar.

N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from about 4 yrs. ago 19 . to Jany. 4, 1938

I last saw her alive on Jany. 4, 1938 Death is said to have occurred on the date stated above, at 1:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of breast and abdominal metastases	about 10 years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clin. exam and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Shemwell, M. D.

(Address) 3310 Tioga Parkway

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BE EXACT. CAUSE OF DEATH in plain terms, so that it may be properly classified.

12577 339183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12577

CERTIFICATE OF DEATH

X87a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruthalee Bott

(a) Residence: No. Buchannon W. Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/25/19

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME J. h. Bott

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Bertie Lawson

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Buchannon West Virginia Date 1/7 1937

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Eutaw St

FILED 19 ..... Registrar

JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 5 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec - 24 , 1937 , to Jan - 5 , 1938

I last saw her alive on Jan - 5 , 1938. Death is said to have occurred on the date stated above, at 3 10 A m.

The principal cause of death and related causes of importance were as follows:—

	Date of onset
Pulmonary tbc, with facial diplegia	Dec 15 37
Respiratory paralysis.	Dec 20 37
Cardiac failure & Thrombosis	
collapse	

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Frederick H. Baetjer M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

12578 ✓ F 12578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 27161--CM 35-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 17-3 Ward)

Length of residence in city or town where death occurred 28yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Watts

(a) Residence: No. 551 W. Lafayette Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) 8-16-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 90

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME Arthur Carter (D)

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Nellie Phillips (D)

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Jan. 6 1938

19. UNDERTAKER Chas Peter R Williams
(Address) 322 Pennsylvania Ave

20. FILED 1938 Registrar

5. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1937 to 12-29-1937

I last saw her alive on 12-29-1937. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma inguinale	Nineteen years

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-6-37

For what disease or injury? Lymphogranuloma inguinale

Name of operation Colostomy

What test confirmed diagnosis Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) Balto. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 12579 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12579

CERTIFICATE OF DEATH.

11-C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1810 Wilmington Ave St. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Patrick Edward Murray or Edward P Murray.

(a) RESIDENCE NO. 1810 Wilmington Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred Life mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Postal Telegraph

(c) Name of employer " "

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John T. Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Bessie Conroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

14 Informant Frank Piller
(Address) 1810 Wilmington Ave

JAN 5 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1938

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1937 to Jan. 3 1938

that I last saw him alive on Jan. 1st 1938

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Grippe
Bronchitis
Endocarditis

(duration) yrs. 2 mos. dy.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dy.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) George A Kipp M. D.

19 (Address) 2330 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/6 19 38

UNDERTAKER Edward Sondheim

ADDRESS 233 E Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12580

CERTIFICATE OF DEATH

131 F 12580

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Gittings St. 24 Ward 2)

Registered No. .....

(If death occured in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael J. Cuddy

If U. S. Veteran specify WAR

(a) Residence: No. 417 E. Gittings St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 19. 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Michael J. Cuddy

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Madeline Landers

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mrs. Cuddy mother

(Address) 417 E. Gittings

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan 8 1938

19. UNDERTAKER Margaret L. Flynn

(Address) 1422 Light St

20. FILED ... 19... Registrar.

JAN 5 1938

Transfer to Interment, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 . 1937 . to Jan 4 . 1938

I last saw him alive on Jan 4 . 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	3 mos.
Other contributory causes of importance: Pneumonia	2 wks

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. J. Wheeler M. D.

(Address) 1279 Fulham St.

OCCUPATION is very important. See instructions on back of certificate.

12581 ✓ F 12581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No. 13-6

CITY OF BALTIMORE: (No. 3338 Keswick Road, St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Carback. — If U. S. Veteran specify WAR ...

(a) Residence: No. 3338 Keswick Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of late Margaret Gosnell Carback

6. DATE OF BIRTH (month, day, year) Aug. 21, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Dealer.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME John Carback

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Sarah Bevans

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Grover Shipley
(Address) 3338 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Ct. Mary's Hampden Date 1/7/38. 19...

19. UNDERTAKER Geo. L. Beyer Jr.
(Address) 1512 Hollins St.

20. FILED ... 19... Registrar

JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Jan 4, 1938

I last saw h[illegible] alive on Jan 3 1938. Death is said to have occurred on the date stated above, at 4:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5 yrs.

Other contributory causes of importance: Gangrene of foot.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature] M. D.
(Address) 5464 Law 36 Rest. Balto.

OCCUPATION is very important. See instructions on back of certificate.

Sarah Johnson

F 12582 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12582

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Johnson

(a) Residence: No. 313 Rock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work, as farmer, spinner, sawyer, clerk, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
Place JOHNS HOPKINS MEDICAL SCHOOL JAN 5 - 1938
Date 1/24/38

19. UNDERTAKER
(Address)

Filed JAN 5 1938, 19..., Registrar.

JAN 5 1938

V S 6

37230

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. K. Carlin, M. D.
Coroner

(Address) 2757 W. Lanvale St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12583 HEALTH DEPARTMENT—CITY OF BALTIMORE 12583

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kocher

If U. S. Veteran specify WAR

(a) Residence: No. 542 Gutman Ave (mother) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jerome Hunderly ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Elizabeth Kocher

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL JAN 5 - 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED JAN 5 1938

3121

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan. 1 1938

I last saw him alive on Jan. 1 1938. Death is said to have occurred on the date stated above, at 3.35 3.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 5½ mo. gestation	
Self induced miscarriage on part of mother	Dec. 31

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12581 CERTIFICATE OF DEATH 54-E 28223--RHW 12581

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude Wells

If U. S. Veteran specify WAR .....

(a) Residence: No. 1028 N. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/31/1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	11	3 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Bodley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan. 7 1938

19. UNDERTAKER Robert F. Young
(Address) 204 E. Caroline St.

JAN 5 1938

Pennington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1937 to 1-3 1938

I last saw her alive on 1-3 1938 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramedullary spinal cord tumor	Unknown
	over
Other contributory causes of importance:	
Toxic absorption from decubitus ulcers	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 12585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12585

X108

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. Dt Ward) 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William Jones Md.

(a) Residence: No. Turners Station, ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Jones

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reynoldsville Va

FATHER

13. NAME Anderson Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louisa Jones
(Address) Turners Station Md

18. BURIAL, CREMATION, OR REMOVAL
Place Reynoldsville Va Date 1/8 1938

19. UNDERTAKER Saml. W. Chase & Son
(Address) 638 E. Baltimore

20. FILED NOV 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1938 to 1-4- 1938
I last saw him alive on 1-4- 1938. Death is said to have occurred on the date stated above, at 1130 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance: Toxemia	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. T. Maloney M. D.

(Address) Provident Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

12586 F 12586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N Centralave 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Brown

(a) Residence: No. 1211 n Central ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Brown

6. DATE OF BIRTH (month, day, year) July 4-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Cty Va

FATHER

13. NAME Darry Eglestone

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT George Brown

(Address) 1211 n Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Keysville Va Date 1/6 38

19. UNDERTAKER Saml. W. Chase Inc

(Address) 638 N Eutaw

20. FILED JAN 5 1938

Registrar

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to Jan 4 1938

I last saw h W alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Dec 15 37
Pleurisy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Callum M. D.

(Address) 5 S. Augusta St

F 12587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12587

CERTIFICATE OF DEATH

29047 JS 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 21-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mergie Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 Archer St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Brown

6. DATE OF BIRTH (month, day, year) 3-31-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	44	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Gray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Patterson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. John's Cem. Calvert Co. Md. Date 1/6 1938

19. UNDERTAKER Frances A. Wemdley

(Address) 578 W. Biddle St.

20. FILED Jan 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1937 to 1-2 1938

I last saw her alive on 1-2 1938 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal abscess	Unknown
Uterine fibroids	"
Perforation of intestine	1-1-38
Peritonitis	1-1-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-30-37

For what disease or injury? Appendiceal abscess Fibroids

Name of operation Hysterectomy + appendectomy

What test confirmed diagnosis? Pathology + Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 12588

1337 320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ronald Johnston

(a) Residence: No. 3801 Benefit St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-12-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Edward Johnston

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Ethel Everly

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Pk Date Jan 7 1938

19. UNDERTAKER Sunway & Covington
(Address) 214 W. 25th St.

20. FILED ..... 19..... Registrar

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937 to Jan 4, 1938

I last saw him alive on Jan 4, 1938 Death is said to have occurred on the date stated above, at 7 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of bladder — Date of onset Sept 1, 1937

Bilateral hydronephrosis

Uraemia

Other contributory causes of importance

Urinary Tract Infection

Was an operation performed? Yes Date of 11-13-37

For what disease or injury? Sarcoma of bladder

Name of operation Suprapubic cystotomy, Drainage

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E. Buchland, M.D.

(Address) Johns Hopkins Hospital

INSTRUCTION IS VERY IMPORTANT. See INSTRUCTIONS on back of certificate.

12589 F 12589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12589

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 512 N. Bond St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Jones
(a) Residence: No. 512 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. Color or Race Wh
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Aug 1-1879
7. AGE Years 58 Months 5 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deale Island Md

FATHER
13. NAME Thomas Jones
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles H Ward
(Address) Marriottsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ridgeleigh Pk Date Jan 7 1938

19. UNDERTAKER Chas H Ward
(Address) Baltimore Md

20. FILED Jan 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a personal (last) interview with the undersigned, and from the evidence obtained by me (Inquest, autopsy or injury) that said deceased came to his death on the day stated above.
Gustav Ingram
(Inquest, autopsy or injury)
Gustav Ingram

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	Dec 10
Vascular Disease	1937

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George C. Allen M. D.
(Address) 10 Tarrytown Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

5 1938
VS 6

12590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 12590

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 Belair Rd St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Machen

(a) Residence: No. 5705 Belair Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William C. Machen

6. DATE OF BIRTH (month, day, year) March 7th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

FATHER

13. NAME Henry Rape

14. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Milbbing

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT William C. Machen
(Address) 5705 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cemetery Date Jan 6th 1937

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Rd.

JAN 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1936 to Jan 4, 1937

I last saw h... alive un... Jan 4, 1937. Death is said to have occurred on the date stated above, at 11:58 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myo-cardetis	?
Diabetis	?

Other contributory causes of importance:

Pneumonia of Rt. Base	
Diabetis Gangrene Rt foot	Nov 1936

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Willard Crossfield M. D.

(Address) 5405 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

F 12591

HEALTH DEPARTMENT—CITY OF BALTIMORE

12591

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2[illegible] Gilsan Ave St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Skirven

(a) Residence: No. [illegible] Gilsan Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa L. Skirven

6. DATE OF BIRTH (month, day, year) March 1 72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) [illegible] 37

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) [illegible] (State or country) [illegible]

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible] (State or country) [illegible]

MOTHER

15. MAIDEN NAME Emma [illegible]

16. BIRTHPLACE (city or town) [illegible] (State or country) [illegible]

17. INFORMANT [illegible]

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 7 . 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] 19[illegible]

JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 . 1937 to 1/5/38 . 19

I last saw him alive on 1/5/38 19 . Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infarct)	

Other contributory causes of importance: Cerebral Embolism

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Fuller M. D.

(Address) 1503 Harford Ave

M. D. R. 1268-9

12592 ✓ 12592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5510 Craig Ave St. 27-5 Ward)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lovenia Humbert

(a) Residence: No. 5510 Craig Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben Humbert

6. DATE OF BIRTH (month, day, year) June 26-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob A. Baum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Oscar Humbert

(Address) 5510 Craig Ave Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run Cem. Date Jan. 8 . 1938

19. UNDERTAKER D. Bankard Son

(Address) Westminster, Md.

20. Filed Jan 8, 1938 [illegible], Registrar.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 , 1937, to Jan 5 , 1938

I last saw h[illegible] alive on Jan 5 , 1938. Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Chron Myocarditis	1935
Dr 2d Nephritis	1935
Other contributory causes of importance: Cerebral Hemorrhage	1938

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. N. Bishop , M. D.

(Address) 501 S Fremont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12593 ✓ D 12593

HEALTH DEPARTMENT—CITY OF BALTIMORE

12593

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Moran

(a) Residence: No. 1200 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 12 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Moran

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Balt.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Sister Stanislaus, Sup Little Sisters of the Poor.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral. Date Jan. 8 1938

19. UNDERTAKER Rita Wendefeld (Address) 914 Greenmount Ave

20. FILED Jan 5 1938 Registrar

5 1938 O H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937 to Jan 5 1938

I last saw h. alive on Jan 4 1938. Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5
Other contributory causes of importance: Arteriosclerosis	
Chronic Nephritis	5

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Carter M. D.

(Address) 111 E. Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

12591

HEALTH DEPARTMENT—CITY OF BALTIMORE

12591

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George A Aiken

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 20-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt-cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yanceyville North Carolina

FATHER

13. NAME William Aiken
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Caroline Crowder
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 6. 1938

19. UNDERTAKER Rita Windefeld (Address) 914 Greenmount Ave

20. FILED JAN 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31. 1937 to Jan 5. 1938
I last saw h[illegible] alive on Jan 4. 1938. Death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uter Carcinoma	5/12
Other contributory causes of importance: Chr Endocarditis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Biop. What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. M. C. Carter, M. D.
(Address) 1114 Eutaw

OCCUPATION is very important. See instructions on back of certificate.

E 12595

HEALTH DEPARTMENT—CITY OF BALTIMORE

12595

CERTIFICATE OF DEATH ✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W. Fayette St. St. 19-2 Ward)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry J. Hummel

(a) Residence: No. 1415 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary K. Hummel (nee Blum)

6. DATE OF BIRTH (month, day, year): Sept 12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	23	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mary M. Hummel
(Address): 1415 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: Jan 6 19 39

19. UNDERTAKER: Harry W. Ortzke
(Address): 1101 Edmondson ave.

FILED: Jan 9 19 39 Registrar

N 6 1838

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4 19 39

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/4/39

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Martin Manna Coroner M. D.

(Address) 1822 W. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate. Each statement of

F 12596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12596

CERTIFICATE OF DEATH

27-19 V 94-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter S. Blankfard

(a) Residence: No. 5723 Clover Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella M. Blankfard

6. DATE OF BIRTH (month, day, year) May 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Blankfard

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter S. B. Blankfard

(Address) 5723 Clover Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Jan. 7 1938

19. UNDERTAKER Humpt Wiske

(Address) 1161 Edmondson Ave

20. FILED 19 — [illegible]

JAN 5 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2357 W. Fay Coroner

12597 F 12597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredrick Senodlofski If U. S. Veteran specify WAR

(a) Residence: No. 1445 Boyle St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte G. Senodlofski

6. DATE OF BIRTH (month, day, year) March 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fredrick Senodlofski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Buckholz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charlotte Senodlofski
(Address) 1445 Boyle st.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Jan 8, 1938

19. UNDERTAKER Margaret G. Flynn
(Address) 1422 Light St.

20. FILED JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. J. Weber, M. D.
Coroner

(Address) 737 Wilson

OCCUPATION is very important. See instructions on back of certificate.

12598

HEALTH DEPARTMENT—CITY OF BALTIMORE

12598

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospital St., 12-3 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Martha E Lehnert

If U. S. Veteran, specify WAR None

(a) Residence: No. 2528 N Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Lehnert.

6. DATE OF BIRTH (month, day, year) July 18, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - "At home"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME John Travers.

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Hester Davis.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. C. H. Bernstein.

(Address) 2528 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Jan. 6 1938.

19. UNDERTAKER Charles L. Schwab

(Address) 525 N. Monroe St.

FILED 19..... Registrar

JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1937, to 1-4, 1938.

I last saw h[illegible] alive on 1-4, 1938. Death is said to have occurred on the date stated above, at 12 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Diabetic Gangrene Rt Foot	
Chronic Nephritis	
Arteriosclerosis Heart Disease	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-29-37

For what disease or injury? Gangrene Rt Foot

Name of operation Amputation Rt Leg

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) [signature] M. D.

(Address) 1 W. Gen. Hosp.

See instructions on back of certificate. Accuracy is very important.

M. D. H. 1268-9

F 42599

42599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Elm Tree St., 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dolores Kuzel

(a) Residence: No. 1610 Elm Tree St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Kuzel

6. DATE OF BIRTH (month, day, year) April 1, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own-Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Samuel C. Story

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Jane Stallings

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Husband

(Address) 1610 Elm Tree Lt.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/8 . 1938

19. UNDERTAKER

(Address) 1217 St. Paul St

20. FILED JAN 6 1938 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 . 38

22. I HEREBY CERTIFY, That I attended deceased from Mar-10 . 1937 to Jan-5 . 1938

I last saw her alive on Jan 5 . 1938 Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis.	1 Yr.

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Fulton . M. D.

(Address) 32a Cathedral

Paul Fulton

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev. 3

12690

HEALTH DEPARTMENT—CITY OF BALTIMORE

12690

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 15-8 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME H. Milton Hurley

If U. S. Veteran specify WAR No Record

(a) Residence: No. Fairmont Boulevard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Gertrude Hurley

6. DATE OF BIRTH (month, day, year) Aug 30th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Agency

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. B. Hurley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret E. Wiles

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Gertrude Hurley
(Address) Elizabethan Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 8th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19... Registrar.

JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 5 1938

I last saw him alive on Jan 5. 1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 27.
Arterio-Sclerosis	
Angina Pectoris	
Coronary Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Stewart ..., M. D.

(Address) Latrobe Apts

Instructions on back of certificate.

12601

F 12601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospt St. 5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Samuel H. Rome

(a) Residence: No. 3617 Springdale St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Natl. Calvert Date 1-6-38 19

19. UNDERTAKER Saml. Levin & Sons
(Address) 1439 E. Baltimore St.

FILED JAN 6 1938 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-38 . 19

22. I HEREBY CERTIFY, That I took charge of the case this deceased person described above, held an Autopsy thereon and from the evidence obtained by said Autopsy died that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leucemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1917 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

12602 338 f5-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12602

CERTIFICATE OF DEATH

V 116

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Benjamin Lipsitz

If U. S. Veteran Specify WAR .....

(a) Residence: No. 25 N. Ann St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Celia 1878

6. DATE OF BIRTH (month, day, year) 12/15/7[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler Horse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Lipsitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Edith Disney

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-6-38 19

19. UNDERTAKER Jack Louis Lee

(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

N 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to Jan 5 1938

I last saw him alive on Jan 5 1938 Death is said to have occurred on the date stated above, at 6 5-5-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticula of Esophagus	about 1936
Anemia - hypochromic	1937
malnutrition	1937
Other contributory causes of importance: Bronchopneumonia	1-4-38

Was an operation performed? yes Date of 12-18-37

For what disease or injury? Diverticula of Esophagus

Name of operation Gastrostomy

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) David M. Spence M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12603

CERTIFICATE OF DEATH

V 46-B F 12603

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4813 Arabia Ave St. 27-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Marks

If U. S. Veteran specify WAR

(a) Residence: No. 4813 arabia ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Marks

6. DATE OF BIRTH (month, day, year) July 16 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seven Valley Penna

FATHER

13. NAME Conrad Marks

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Sarah Nice

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Ellen Marks

(Address) 4813 arabia ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsbury, Penna Date Jan. 6, 1938

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St.

[illegible] Registrar.

JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 4, 1938

I last saw h[illegible] alive on 1/4/38 19 Death is said to have occurred on the date stated above, at 8-45 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) H. Grant Zollinger, M. D.

(Address) 3703 Hamilton Ave

Copy

12604 Roderick # 12604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 28807--M 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 21-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ollie Roderick

If U. S. Veteran specify WAR

(a) Residence: No. 849 Rinehardt St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 8-22-1887

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50	5 4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME John Powell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sarah Ann ?

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Eutaw Mem Date 1/7/38 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 108 W Monument St

20. FILED 19 Registrar.

NS 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-5- 1937 to 1-4- 1938

I last saw h. alive on 1-4- 1938. Death is said to have occurred on the date stated above, at 8:20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12605

CERTIFICATE OF DEATH

√49-a F 12605

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 W. North Ave. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rae Goldstein

(a) Residence: No. 2008 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris Goldstein

6. DATE OF BIRTH (month, day, year) Sept. 7, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York, N.Y.

FATHER

13. NAME Abraham Gardner

14. BIRTHPLACE (city or town) (State or country) New York, N.Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. M. Goldstein,
(Address) 4023 Reisterstown Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem Jan. 7, 1938

19. UNDERTAKER David Sonneborn & Son
(Address) 1902 Eutaw Place.

JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Jan. 4, 1938

I last saw her alive on Jan. 4 1938 Death is said to have occurred ~~on the date stated above~~, at 1:40 A. M., Jan. 5

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia. Myocardial failure.	

Other contributory causes of importance:

Carcinomatosis.

Was an operation performed? Yes. Date of 1/32

For what disease or injury? Carcinoma of ovary.

Name of operation Rt. Oophorectomy.

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) A. Adler Sondheimer M. D.

(Address) Esplarade Apts.

(A. Adler Sondheimer)

F 12606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

F 12606

Registered No. 14-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Eutaw Place & Wilson St. Marlborough Apts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Sarlouis

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bezalel Sarlouis

6. DATE OF BIRTH (month, day, year) May 30, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, Eng.

FATHER

13. NAME Joseph Oppenheimer,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Leah Mahler,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Judge Jos. I. Ulman
(Address) Court House. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem., Date Jan. 6, 1938

19. UNDERTAKER David Sandheimer & Son.
(Address) 1902 Eutaw Place.

JAN 6 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Jan. 4 1938

I last saw her alive on January 4, 1938. Death is said to have occurred on the date stated above at 3.47 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs + Metastasis	1yr
Other contributory causes of importance: Carcinoma of breast (removed)	4 yrs

Was an operation performed? yes Date of 1934

For what disease or injury? Carcinoma of breast

Name of operation Removal of left breast

What test confirmed diagnosis? Gross + microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Frederick Leitz M. D.

(Address) Temple Garden Apts.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 12607

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46-E F 12607

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Eutaw Place & Wilson St.

CITY OF BALTIMORE: (No. Marlborough Apts. St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME — Rosa Mandelbaum Schoen

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Schoen

6. DATE OF BIRTH (month, day, year) Feby. 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester, Va.

FATHER

13. NAME George Mandelbaum,

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Jeannette Strasburger,

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Morton Schoen,

(Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date Jany. 7, 19 38

19. UNDERTAKER David Amschwitz & Son

(Address) 1902 Eutaw Place

20. JAN 6 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1937, to Jany 5, 1938.

I last saw h. alive on Jany 4, 1938. Death is said to have occurred on the date stated above, at 9.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of gall bladder	Aug 1937
Other contributory causes of importance:	
Hepatic metastases	Sym.
Arteriosclerotic heart disease	Dec 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place.

E 12608

12608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28049 (1937)

7-4 13/V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1714 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Mitchell

6. DATE OF BIRTH (month, day, year) 5/25/1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ~~54~~	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Jan 6 1938

19. UNDERTAKER Robert Williams
(Address) 1518 Mercedy St

NO FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31- 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/13/37 to 12/31/37

I last saw her alive on 12/31/37 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
1 Hypertensive cardio Vascular disease	
Other contributory causes of importance: Chronic nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. De Santelle M. D.

(Address) Baltimore City Hospitals

12609

HEALTH DEPARTMENT—CITY OF BALTIMORE

12609

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. 27220

CITY OF BALTIMORE: (No.) 3400 Menlo Drive St., ... Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Eanet

If U. S. Veteran specify WAR

(a) Residence: No. 3400 Menlo Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) Oct 22 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Eanet

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Eanet

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Annie Eanet

(Address) 3400 Menlo drive

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Mt Carmel Date Jan 6. 1938

19. UNDERTAKER Sol Levinson Bros

(Address) 424-26 W North ave

20. FILED JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937 to Jan. 5, 1938

I last saw him alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Dilated Heart

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... Specify ...

(Signed) Maurice Shudeman M. D.

(Address) 2205 Lenden Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12610 F 12610

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home and Inf. St., 2-2 Ward)

Length of residence in city or town where death occurred Life yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Mr. Frank Foote

If U. S. Veteran specify WAR

(a) Residence: No. 235 So. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Mrs. Laura Foote

6. DATE OF BIRTH (month, day, year) Aug. 21, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
74	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Abner Foote

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Jane Barr

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs Edna Foune

(Address) 235 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1/7/38

19. UNDERTAKER L Heemann & Son

(Address) 325 S. Broadway

20. FILED JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1937 to Jan. 5, 1938

I last saw him alive on Jan. 5, 1938. Death is said to have occurred on the date stated above, at 2:49 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastases to regional lymph glands	1937
Thrombosis of Sup cerebellar art. Rt	?
Other contributory causes of importance:	
Broncho-Pneumonia	1-3-38
Hydronephrosis, Bilateral	12-37

Was an operation performed? No Date of -

For what disease or injury?

Name of operation

What test confirmed diagnosis Clin ev Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

VF 5

F 12611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12611

CERTIFICATE OF DEATH

X207M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If nf foreign birth? yrs. mos. ds.

2. FULL NAME David Lee Smoot.

If U. S. Veteran specify WAR

(a) Residence: No. Granite Md. St., Ward.
(Usual place nf abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie M. Smoot.

6. DATE OF BIRTH (month, day, year) Nov. 12. 86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. nr min.
	52	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter, Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Franklin P. Smoot.

14. BIRTHPLACE (city nr town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Robodeaux

16. BIRTHPLACE (city nr town) (State or country) Virginia

17. INFORMANT Sadie Smoot, Md.
(Address) Woodstock.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Jan. 6. 1938

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED JAN 5 1938 Burlington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull.	Jan 3.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 3 1937

Where did injury occur? Albert on Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on railroad track.

Manner of injury Stumbled against locomotive

Nature of injury Fracture Skull.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. J. Hamma Coroner, M. D.

(Address) 1822 W Baltimore

OCCUPATION is very important. See instructions on back of certificate.

12612 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 F 12612

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen. Hosp. 24-2 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Bruce Burns Lilly If U. S. Veteran specify WAR .....

(a) Residence: No. 1428 Covington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Amelia Mary Lilly

6. DATE OF BIRTH (month, day, year) Dec. 26 - 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robt B. Lilly

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Malissa L. Peterson

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mrs Amelia Mary Lilly
(Address) 1428 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan. 8, 1938

19. UNDERTAKER George L. Schwatt.
(Address) 210 Frederick Ave.

Filed JAN 6 1938, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937 to 1-5, 1938

I last saw h.. alive on 1-5, 1938 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma - right major bronchus	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-5-38

For what disease or injury? Bronchogenic Cancer

Name of operation Bronchoscopy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

12613

HEALTH DEPARTMENT—CITY OF BALTIMORE

12613

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie Adams

(a) Residence: No. 1814 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Heather Adams

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wakefield N. C.

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Pattie Merritt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Heather Adams
(Address) 1814 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Zebulon N. C. Date Jan. 6 1938

19. UNDERTAKER Robert L. Young
(Address) 501 N. Caroline St.

ACCEPTED Harrington & Williams, Inc.
Registrar

JAN 6 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebro-arachnoid hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 12611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12611

94-B

28-4

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 8 mon. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred C. Stapf

(a) Residence: No. 5115 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia

6. DATE OF BIRTH (month, day, year) May 1-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 0013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. prop. of Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Carl Stapf

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME — Maisel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mt. Louis Stapf

(Address) 5115 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date JAN-6 38

19. UNDERTAKER (Asst.) F B Hippert & Son

(Address) 1300 Eutaw Place

FILED JAN 6 1938 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 - 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Thompson M. D.

(Address) 1912 North Ave

INSTRUCTION is very important. See instructions on back of certificate.

12615

HEALTH DEPARTMENT—CITY OF BALTIMORE

12615

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth — yrs. — mos. — ds.

2. FULL NAME Mr. Wm J. S. Millar — If U. S. Veteran specify WAR .....

(a) Residence: No. 852 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Valentine

6. DATE OF BIRTH (month, day, year) March 31, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Killar

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

MOTHER

15. MAIDEN NAME Mary ------

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Mrs. Ida V. Millar
(Address) 852 W. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery 1/7 1938

19. UNDERTAKER Henry U. Mears & Son
(Address) 523 N. Calvert St.

20. FILED JAN 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1938 to January 4, 1938

I last saw h[illegible] alive on January 4 1938 Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Intestinal Obstruction	
2) Strangulated intussusception	
Other contributory causes of importance: Senile changes (+ 2) more	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. N. E. Fortonine Jr. M. D.

(Address) Maryland General Hospital Baltimore, Md.

12616 ✓ F 12616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-9131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Nortonia Road St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Collison Keener

If U.S Veteran specify WAR ...

(a) Residence: No. 3707 Nortonia Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Morse Keener

6. DATE OF BIRTH (month, day, year) April 16, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Maryland

FATHER

13. NAME ------- Collison

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER

15. MAIDEN NAME ------- Brierwood

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Miss Helen B. Keener
(Address) 3707 Nortonia Road

18. ~~BURIAL~~ (CREMATION) ~~OR REMOVAL~~
Place Loudon Park Cemetery Date 1/7 38

19. UNDERTAKER Henry H. Mears & Son
(Address) 539 N. Calvert St.

FILED 6 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1- 1936 to Jan 5 1938

I last saw her alive on Jan 5 1938 Death is said to have occurred on the date stated above, at 6.15 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset Sept 1- 36
Hypertension
Myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard H. Warner M. D.

(Address) 2654 Garrison Blvd

CAUTION—It is illegal to bury, cremate, or remove a dead body without a permit. See instructions on back of certificate.

12617 V 12617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2309 Chelsea Terrace St., 15-8 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Jacobson
If U. S. Veteran specify WAR

(a) Residence: No. 2309 Chelsea Terrace Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Israel B.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (037)
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Morris Clifford
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Vivian Sarah
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Israel B. Jacobson
(Address) 2309 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosehole Date: 1-6- 1938

19. UNDERTAKER: Jack Sauer & Inc
(Address) 1431 E Baltimore St

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/5 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 87 to Jan. 5, 1938
I last saw h... alive on Jan. 5, 1938 Death is said to have occurred on the date stated above, at 11:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	3 years
Coronary Thrombosis	1 year
Other contributory causes of importance: Myocardial Failure	6 wks

Was an operation performed? No Date of —
For what disease or injury?
Name of operation None
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did Injury occur? ... (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Sussman M. D.
(Address) 2340 Eutaw Place.

OBSERVATION is very important. See instructions on back of certificate.

12618 E 12618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X95-B

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTO. MD. Registered No.

CITY OF BALTIMORE: (No. St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irving Williams

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Lillian, Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Lewis Williams

6. DATE OF BIRTH (month, day, year): Oct. 21, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deck hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant Seaman

10. Date deceased last worked at this occupation (month and year): 12-2-37

11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) (State or country): Lillian, Virginia.

FATHER

13. NAME: Arthur Williams

14. BIRTHPLACE (city or town) (State or country): Lillian, Virginia.

MOTHER

15. MAIDEN NAME: Bessie Washington

16. BIRTHPLACE (city or town) (State or country): Lillian, Virginia.

17. INFORMANT: Records- U.S. Marine Hospital

(Address): Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place: Opequon Va. Date: Jan. 8 38

19. UNDERTAKER: Mrs. Geo. A. Holland

(Address): 1631 Druid Hill Ave.

20. FILED 19 Registrar.

1938 Washington Forrester

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 5 1938

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1937 to January 5, 1938

I last saw h. in alive on January 5, 1938. Death is said to have occurred on the date stated above, at 1:40a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, coronary thrombosis	
with infarction	July 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? P. . Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. H. Anderson M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLM/6

Vol. C

See instructions on back of certificate.

12619

HEALTH DEPARTMENT—CITY OF BALTIMORE

12619

CERTIFICATE OF DEATH

X157-L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers of America Hosp. (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Sheppard

If U.S. Veteran specify WAR .....

(a) Residence: No. None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W Sheppard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Slaghter

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT George W Sheppard
(Address) Furance Branch Rd Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedarhill Date Jan. 7 1938

19. UNDERTAKER Ambrose Inc.
(Address) 1017 W. Lexington St.

20. FILED Penniington Fin Dir Md

6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938 to Jan 6, 1938
I last saw her alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 3 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	1/4/38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Simard M. Hummel M. D.

(Address) 418 W. Lexington St.
Vol. of America Hosp

OCCUPATION is very important. See instructions on back of certificate.

E 12620

HEALTH DEPARTMENT—CITY OF BALTIMORE

12620

CERTIFICATE OF DEATH

X107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Carter

(a) Residence: No. 46 Cornhill, Annapolis Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Jan 15, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Wm. Henry Carter

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Bertha Blackstan

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Mother
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brewers Date 1/9 1938

19. UNDERTAKER Chas E Hickey & Son
(Address) Annapolis Md

20. FILED 1/9 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1938 to 1-6-, 1938

I last saw him alive on 1-6-, 1938 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	
Bronchopneumonia	
Lung abscess	11 days
Septicemia (Staphylococcus)	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Washington M. D.

(Address) Sydenham Hosp

F 12621

12621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182a

RAYMAR

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Raymar Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul A Bunty

(a) Residence: No. 4204 Raymar Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	CHILD

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 12 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME EDWARD J Bunty

14. BIRTHPLACE (city or town) (State or country) PA

MOTHER

15. MAIDEN NAME Agnes E Marchel

16. BIRTHPLACE (city or town) (State or country) PA

17. INFORMANT Edward Bunty

(Address) 4204 Raymar Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's York Rd 1-7 1938

19. UNDERTAKER Leonard J Pond

(Address) 530 Harford Rd

1-7 1938 Huntington Davis & Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/6/ 1938

Where did injury occur? 4204 Raymar Ave Balto, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Child became wrapped up in rubber sheet

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

12622

HEALTH DEPARTMENT—CITY OF BALTIMORE

12622

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 W. Mosher St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Phillipps

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2900 W. Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Margaret Phillipps

6. DATE OF BIRTH (month, day, year) Oct 24th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) South Wales England

FATHER

13. NAME Thomas Phillipps

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Gwendolyn ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margaret Phillipps

(Address) 2900 W. Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 7th 1938

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St

20. FILED JAN 7 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/1/37, 19..., to 1/5/38, 19...

I last saw h... alive on 1/5/38, 19... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

12623 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12623

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Belvieu Ave., 15-10 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary H. Mealy If U. S. Veteran specify WAR No Record

(a) Residence: No. 3915 Belvieu Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Robt. A. Mealy

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Wm G. Gorsuch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lt. H. D. Riley

(Address) 6201 Birchwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 8th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 7 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13/37, 19..., to Jan 6/38, 19...

I last saw h[illegible] alive on Jan 4 1938 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	?
Cystitis — about 2 mo.	
Myocarditis —	Oct 1937
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Plunkett M. D.

(Address) 2220 Garrison Blvd

12624 F 12624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 27-15 Ward) Registered No.

(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

Length of residence In city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Eliza Heesh If U. S. Veteran specify WAR Me Record

(a) Residence: No. Home for the Aged of the M. E. Church. Ward.
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Ross Heesh

6. DATE OF BIRTH (month, day, year) Febry 17-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At the Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Wharton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Craig

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Record Home for Aged of M. E. Church (Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Date Jan 8th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1937 to Jany 6 1938

I last saw her alive on Jany 5 1938 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Arteriosclerosis	—
Other contributory causes of importance: Coronary Thrombosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical methods Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B Shannon M. D.

(Address) 700 Fulton Ave

Jan 7 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12625

12625

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N Fulton Ave St., 16th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Kaufmann

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1108 N Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Gertrude Kaufmann

6. DATE OF BIRTH (month, day, year): Sept 7 1867

7. AGE: Years 70 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Kaufmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kaufmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Gertrude Kaufmann
(Address) 1108 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/8 19 38

19. UNDERTAKER: Wm Cook
(Address) 817 E Fayette St

20. FILED ... 19 ... Registrar

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to Jan 4 19 38

I last saw h... alive on Jan 3 19 38 Death is said to have occurred on the date stated above, at 7:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) O J Lloyd M.D.

(Address) 1113 Eutaw St

B 38670 126326

HEALTH DEPARTMENT—CITY OF BALTIMORE

126326

CERTIFICATE OF DEATH

+95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 24 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hyman If U. S. Vet. specify WAR No Record

(a) Residence: No. Chase - Inc St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/31/5-E

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as saw mill, bank, etc. Bldg Contractor

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Hyman

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Isabelle McAleary

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Kenus
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 7th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937, to Jan 5, 1938

I last saw him alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
Generalized arteriosclerosis

Date of onset

Other contributory causes of importance:

Terminal Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Palmer H Fitcher M. D.

(Address) Johns Hopkins Hospital

12627 Raver

HEALTH DEPARTMENT—CITY OF BALTIMORE

12627

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Etta Raver

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2212 Montebello Terr St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Daniel V. Raver

6. DATE OF BIRTH (month, day, year) April 8th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry B. Graham

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amelia Kirkland

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary K. Wells

(Address) 320 Hopkins Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 10th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1937 to Jan 6, 1938

I last saw h[illegible] alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 2 5-6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction from general hernia.	12-15-37?
Other contributory causes of importance: Terminal Peritonitis	1-1-38 (?)

Was an operation performed? Yes Date of Dec 19, 1937

For what disease or injury? Intestinal Obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Aut, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Gilbert E. Cushman M. D.

(Address) St. Joseph Hospital

7 1938

12628 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12628

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Shadrick

If U.S. Veteran specify WAR 3 Round

(a) Residence: No. 3 E Mt Vernon Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~WIFE of~~ HUSBAND of (or) WIFE of Mark Shadrick

6. DATE OF BIRTH (month, day, year) Aug 26th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	11 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Hooper W. Mobley

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Alice Hooper

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Ruth Shadrick

(Address) 3 E. Mt Vernon Place

18. BURIAL, CREMATION, OR REMOVAL Hopkins Pvt Church Cemetery

Place St Marys Co Md Date Jan 7th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1937 to Jan 5 1938

I last saw her alive on Jan 5 1938 Death is said to have occurred on the date stated above, at 8:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma, Abdomen	Jan 1937
C Generalized Metastases	Over
Osteomyelitis, Right Jaw,	Oct, 1937
became a Noma	Nov 27, 1937
Other contributory causes of importance:	
Pneumonia following	
Right Nephrectomy	Feb, 1937

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Sellers M. D.

(Address) Woman's Hospital

Spec.—8-16-29—L. F. S.—100 Blks.

F 12629

12629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 82-B

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Wabash Ave ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Lee Stiffler

(a) RESIDENCE NO. 100 W. 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Stiffler

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County Maryland

PARENTS

10 NAME OF FATHER Arthur Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Amanda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John W. Stiffler (Address) 100 W. 25th Street

15 [illegible] Registrar

7 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/38

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1936, to Jan 4, 1938, that I last saw her alive on Jan 4, 1938 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis with Cerebral thrombosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. 2 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Polniaczek M. D.

, 19 (Address) 4710 Liberty Ht.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Jan. 7, 1938

20 UNDERTAKER E. Leroy Stiffler Inc

ADDRESS 135 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

12630 12630

CERTIFICATE OF DEATH

V 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Granada Ave. St. 15-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 40 yrs. 4 mos. 7 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Edythe May Zorn

(a) Residence: No. 3823 Granada Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herbert L. Zorn

6. DATE OF BIRTH (month, day, year) Aug-29-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Camden New Jersey

FATHER

13. NAME George P. Trover

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Gertrude James

16. BIRTHPLACE (city or town) (State or country) Phila Pa.

17. INFORMANT Mr. Herbert L. Zorn
(Address) 3823 Granada Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan-7-1937

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED Huntington Pollinger 1937
Registrar.

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to January 6, 1938

I last saw her alive on January 6, 1938. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Uterus

Other contributory causes of importance:

Was an operation performed? Radium Date of July 14 1937

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Walter Thomas M. D.

(Address) 2136 Harford Rd.

F 12631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12631

CERTIFICATE OF DEATH

State File No. V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 674 W. Saratoga St., St., 4-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Girly

If U. S. Veteran specify WAR

(a) Residence: No. 671 W. Saratoga St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 21, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Pennie Girly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Pennie Girly
(Address) 671 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SURGICAL Date JAN 5 - 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19 JAN 7 1938 ... Registrar

3750

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Umbilical Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury Cut cord with Knife and

Nature of injury Died

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) G. H. Cullen, M. D.
Coroner

(Address) 257 W. Mon

126632 Harold James Crea 126632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 168

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 176 Ward) 12

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Harold J. Crea — If U. S. Veteran specify WAR W. W

(a) Residence: No. [illegible] St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Massachusetts

FATHER

13. NAME George Crea

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Nellie Daily

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Police Dept
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 1- 6- 1938

19. UNDERTAKER Robert Brooks & Son
(Address) Eathorn & Hollins st

20. FILED [illegible] 19 [illegible]

7 S 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Arteries of Neck severed	Dec. 26 1937
Other contributory causes of importance: Melancholia Acute	some time

Was an operation performed? No Date of [illegible]

For what disease or injury? [illegible]

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec. 26 1937

Where did injury occur? City Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Slashed throat with razor blade

Nature of injury Severed Arteries of Neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify [illegible]

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broad St.

12633 HEALTH DEPARTMENT—CITY OF BALTIMORE 12633

CERTIFICATE OF DEATH 29549 (MB)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward) 70a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Stumpt, or Stumpf

If U. S. Veteran specify WAR

(a) Residence: No. 3117 Dillon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/15/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Stumpf, Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Oed,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Jan. 7, 1938

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

20. FILED JAN 7 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1938, to January 5, 1938

I last saw him alive on January 5, 1938. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho's Pneumonia	1935
Other contributory causes of importance:	
Hemorrhage	1-1-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeLuttis, M. D.

(Address) Baltimore City Hospitals

12634 F 12634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Rudo

(a) Residence: No. 3204 Hamley Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-6-38

7. AGE Years	Months	Days	If LESS than 1 day, / hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Max Rudo

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ruth Esther Terish

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospl. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-7-38

19. UNDERTAKER Louis Levin Inc

(Address) 1439 E. Baltimore St.

20. FILED 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-6- 1938 to 1-6 1938

I last saw h[illegible] alive on 1-6 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Premature Labor

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Sidney Lipiac M. D.

(Address) Sinai Hospital

12635 F 12635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey Thornton

If U. S. Veteran specify WAR

(a) Residence: No. Morris Hill, Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 28, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Wert Thornton

14. BIRTHPLACE (city or town) (State or country) Blackstone Virginia

MOTHER

15. MAIDEN NAME Edna Farley

16. BIRTHPLACE (city or town) (State or country) Blackstone, Virginia

17. INFORMANT Mother (Address) Morris Hill Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Zion Cemtry Date Jan 7 1938

19. UNDERTAKER Baltimore Funeral (Address) 1200 Eutaw Place

20. FILED JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938 to January 5, 1938

Last saw him alive on January 5, 1938 Death is said to have occurred on the date stated above, at 5:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	1/2/38

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Lumbar puncture. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Harry J. Gunkel M. D.

(Address) Sydenham Hosp.

12636 F 12636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Pulaski Ave. St. 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Louis Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 3320 Pulaski Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis R. Peters

6. DATE OF BIRTH (month, day, year) August 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin, Md.

FATHER

13. NAME Wm. H. Lushing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Arendt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Peters
(Address) 3320 Pulaski Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cem. Date Jan. 8 1938

19. UNDERTAKER J. Miller
(Address) 2334 Gilmor St.

20. FILED JAN 7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1937 to 1/5/38 1938

I last saw h... alive on 1/3/38 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry A. Foss M. D.

(Address) 1703 E. Fayette St.

126637 E 126637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 SEQUOIA AVE. St., 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME WILLIAM BORNSCHEUER

If U. S. Veteran specify WAR

(a) Residence: No. 3717 SEQUOIA AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ANNA BORNSCHEUER

6. DATE OF BIRTH (month, day, year) OCT. 5-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BUTCHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME WILLIAM C. BORNSCHEUER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME LOUISE KALB

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT ANNA BORNSCHEUER (WIFE)

(Address) 3717 SEQUOIA AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place OAK LAWN CEM. Date JAN. 7 '38

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED , 19

Registrar

JAN 7 1938 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Jan 4, 1938

I last saw him alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at 7/45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Jan 1/38
Other contributory causes of importance:	
Cardio-Renal Disease	long time

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) A. Theis M. D.

(Address) 24 E Broadway

12638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12638

CERTIFICATE OF DEATH

V 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 FRANKLINTOWN ROAD St., 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANN B. JOHNSON

If U. S. Veteran specify WAR

(a) Residence: No. 516 FRANKLINTOWN ROAD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FREDERICK D. JOHNSON

6. DATE OF BIRTH (month, day, year) JULY 31-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME HUGH T. OCONNOR

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME CATHERINE COSTLLO

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT FREDERICK D. JOHNSON (HUSBAND)

(Address) 516 FRANKLINTOWN ROAD

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY CROSS CEM Date JAN. 8 1938

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1937 to Jan 4 1938

I last saw her alive on Jan 3 1938. Death is said to have occurred on the date stated above, at 7/45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	[illegible]
Other contributory causes of importance:	
Acute Myocarditis	1/1 38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Horace B Tilghman M. D.

(Address) 315 S. Highland Ave.

F 12639

12639

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 210 M

CERTIFICATE OF DEATH

14-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. FRANKLIN Square St. Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MICHAEL KELLY

(a) Residence: No. 1328 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) MAGDELINE KELLY

6. DATE OF BIRTH (month, day, year) MARCH 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LITHUANIA EUROPE

FATHER

13. NAME MATHEW KELLY

14. BIRTHPLACE (city or town) (State or country) LITHUANIA EUROPE

MOTHER

15. MAIDEN NAME — Sgulinski

16. BIRTHPLACE (city or town) (State or country) LITHUANIA EUROPE

17. INFORMANT WILLIAM KELLY

(Address) 1328 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date JAN. 10, 1938

19. UNDERTAKER Joseph Kasinskas and Son

(Address) 602 Washington Blvd.

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7th, 1938

22. I HEREBY CERTIFY, That I last saw the deceased on [illegible] and that I was in charge of the remains described above, held an [illegible] thereon and from the evidence [illegible] (Inquest, Autopsy or Inquiry) [illegible] that said deceased came [illegible] (Inquest, Autopsy or Inquiry) [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Spontaneous — Date of onset 1-2-38

Other contributory causes of importance: Arteriosclerosis Chronic Nephritis 1 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/7/38

Where did injury occur? Monroe St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto

Nature of injury Head + Internal injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Robert Hurley Autz M. D.

(Address) 707 N. Carey St

2640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12640

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., (1) Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Dudley If U. S. Veteran specify WAR

(a) Residence: No. 1112 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/23/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Dudley

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Dorothy Hamm

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dorothy Dudley
(Address) 1112 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-7 1938

19. UNDERTAKER L. B. Davenport
(Address) 1001 Pennsylvania Ave

20. FILED ..... 19 ..... Investigation Necessary

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1938 to 1-5 1938

I last saw him alive on 1-5 1938. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	?
Other contributory causes of importance:	
Toxemia	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lt. T Maloney M. D.

(Address) Provident Hospital Balto, Md

F 12641

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12641

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Lehmann

If U. S. Veteran specify WAR

(a) Residence: No. 122 Jackson Place St., Ward. Balto md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lehmann

6. DATE OF BIRTH (month, day, year) 3-17-75

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 0 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Roddy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Roddy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Lehman (Address) 122 Jackson Place

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Md Date Jan 10 1938

19. UNDERTAKER Jos. F. Kerr & Son (Address) 156 N. Eutaw Ave.

20. FILED Jan 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1937 to Jan 6 1938

I last saw h.. alive on 1-6 1938 Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Obstruction of Common bile duct with stone	
2. Perforation of liver	
3 Subphrenic abscess	
Other contributory causes of importance:	
4. Bile peritonitis	
5. Peritubal adhesion	

Was an operation performed? yes Date of 12 24 37

For what disease or injury? Obstruction Common bile duct etc

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Abbott M. D.

(Address) Mercy Hospital

12642 ✓ F 12642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 186-a Registered No.

CITY OF BALTIMORE: (No. Bay View St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie Goracki If U. S. Veteran specify WAR

(a) Residence: No. 430 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~late~~ WIFE of John Goracki

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	02	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Casper Winowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Goracki (Son)
(Address) 3609 Old Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Jan 9, 1938

19. UNDERTAKER Eugene A. Weber
(Address) 222 S. Eaton St.

20. FILED Jan 10 19 38 [illegible] Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Days
Fracture 4th dorsal Vertebra	5 days
Other contributory causes of importance:	
Colles fracture	5 days

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 1, 1938

Where did injury occur 6701 Boston Av.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Daughters home.

Manner of Injury Fell down stairs

Nature of Injury Fracture 4th dorsal Vertebra

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner

(Address) 171 N. Broadway

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12643

CERTIFICATE OF DEATH

106 F 12643

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. 16-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Vernon Kemp

If U. S. Veteran specify WAR

(a) Residence: No. 2811 Brestauan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 13-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	23/4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry H. Kemp

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Alice E Sterling

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Henry H Kemp

(Address) 2811 Brestauan

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine PK Date Jan 8 1938

19. UNDERTAKER John Ulrich

(Address) 200 Allegan

FILED JAN 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938 to January 6, 1938

I last saw him alive on January 6, 1938 Death is said to have occurred on the date stated above, at 11:55 Am.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1/4/38

Cardiac + Respiratory Failure

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. B. Long, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12644

CERTIFICATE OF DEATH

111-B F 12644

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. Aged Home Carrollton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, year) 3/15/1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centersville Md

FATHER

13. NAME Samuel H. Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Matron Aged Home

(Address) 822 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/8/ , 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 , 1937 to Jan 5 , 1938

I last saw him alive on Jan 5 , 1938. Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
Other contributory causes of importance:	
Old age	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw. J. Mealley M. D.

(Address) 1230 Dr. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12645 — CERTIFICATE OF DEATH — 106-a F 12645

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Regester St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Reichelt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1620 N. Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Charles Reichelt

6. DATE OF BIRTH (month, day, year) Nov. 9/1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Sigmund ~~Ethel~~ Ekel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Reichelt

(Address) 1625 N. Regester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Com Date 1/7/38

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED JAN 7 1938 Huntington Station Supervisor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to January 4, 1938

I last saw h[illegible] alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 yrs
Arterial Hypertension	6 yrs
	30 yrs
Other contributory causes of importance:	
Acute Bronchitis	2 days
and Auricular Fibrillation	30 P

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Crawley, M. D.

(Address) 1025 N. Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12646

CERTIFICATE OF DEATH

95 F 12646

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 W Hamburg St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Clark

(a) Residence: No. 15 W Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham H Clark

6. DATE OF BIRTH (month, day, year) Oct 1. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Keelor

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Belt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Henry Keelor 2029 Hillen Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/5 1938

19. UNDERTAKER (Address) J.R. Cook 1214 E Fayette St

20. FILED ... 19 ... Registrar.

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935 to Jan. 5, 1938

I last saw her alive on Jan. 4. 1938 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular disease	July 2, 1935

Other contributory causes of importance: - - - - -

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? P.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

12617 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

12617

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1419 Holbrook St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 52Yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna S. Simon

If U.S. Veteran specify WAR

(a) Residence: No. 1419 Holbrook St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced, ~~HUSBAND~~ (or) WIFE of wife of Joseph M. Simon

6. DATE OF BIRTH (month, day, year) Sept.-30-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~about~~	65 Yrs.	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Joseph M. Simon
(Address) 1419 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan.-8-1938

19. UNDERTAKER Henry Stoeck & Sons Inc
(Address) 1301 S. Eager St.

FILED JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/38

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1937 to January 5, 1938

I last saw her alive on January 4, 1938 Death is said to have occurred on the date stated above, at 7.40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	15 M.N.
Myocarditis, Hypertension	14 d
Arteriosclerosis	14 d
Other contributory causes of importance: Chronic Interstitial Nephritis	14 d.

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Urinalysis + Sprigg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Harford Rd

12648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-53 12648

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 16-3 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Olivia Brown (24648)

(a) Residence: No. 1144 n. Gilmor St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pearl Wyatt

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Jan. 7 1938

19. UNDERTAKER Jas. E. Elliott & Daughter
(Address) 1129 N. Caroline St

20. FILED ... 19 ... Registrar.

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1937 to January 3, 1938

I last saw her alive on January 3, 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs.	March 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) L. M. Curtis M. D.
(Address) Balto. City Hospitals

12649 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 108 12649

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1308 Division St., 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Sonja F. Dennis
(a) Residence: No. 1308 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Dennis
6. DATE OF BIRTH (month, day, year): 1873
7. AGE: Years 64 (65) | Months | Days | If LESS than 1 day, ..hrs. or ..min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sanarty, Va

FATHER
13. NAME: John Payne
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Nancy
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mr Martha Watson
(Address) 1308 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Zion Cem Date 1/7/38

19. UNDERTAKER: Thomas E. Kelsey
(Address) 1303 Pressman St

20. FILED JAN 7 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937 to Jan. 5, 1938
I last saw her alive on Jan. 3, 1938. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Coronary Thrombosis	12 hours

Other contributory causes of importance: None

Was an operation performed? No Date of .....
For what disease or injury? —
Name of operation — Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
Charles F. Wallace, M. D.
(Address) 861 Linton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12650 — 131 — F 12650

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 E. North Ave St. 8-3 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Miller

(a) Residence: No. 2030 E North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color of Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Miller

6. DATE OF BIRTH (month, day, year) Jan 2nd 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	0	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME Ernest Von Bennett

14. BIRTHPLACE (City or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Kurtz

16. BIRTHPLACE (City or town) (State or country) Germany.

17. INFORMANT Mrs Carrie Gramm
(Address) 2030 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Jan 8-38

19. UNDERTAKER Kendall E. Tumbleson
(Address) 1501 N. Broadway

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5-1938.

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937 to Jan. 5 1938

I last saw her alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Cardio-Vascular
Renal Disease

Date of onset

Other contributory causes of importance:
Acute Cardiac Dilatation.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Litton M. D.

(Address) 1304 E. Clare St.

12651 12651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Bond

(a) Residence: No. 1606 Montford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 18th 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vincent J Bond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Arenz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Vincent J. Bond
(Address) 1606 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 10th 1938

19. UNDERTAKER Leo D. Cook
(Address) 1703 N. Patterson Park Ave

20. FILED ... 19... [illegible] Registrar.

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937 to Jan 6, 1938

I last saw h[illegible] alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 7.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor	1 yr (?)
	short

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-6-38

For what disease or injury? Cerebellar Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

12652 E 12652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1006 W. Pratt St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. Bristow

If U. S. Veteran specify WAR

(a) Residence: No. # 1006 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Bristow

6. DATE OF BIRTH (month, day, year) Dec 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Charles Bristow

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Catherine Bristow

(Address) # 1006 W. Pratt Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1 / 8 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED 19

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1937 to Jan 5, 1938

I last saw him alive on Jan 5, 1938 Death is said to have occurred on the date stated above, at 2.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 3/38
acute vasomotor collapse	Jan 4/38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Nathan Rocusin M. D.

(Address) 206 S. Gilmor St

M. D. F. 1268-9

12653 HEALTH DEPARTMENT—CITY OF BALTIMORE 12653

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Franklin Square Hospital Registered No.

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Barbara Ford

(a) Residence: No. 1807 Fulton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Ford

6. DATE OF BIRTH (month, day, year) Nov. 24, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	15 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John H. Barber

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Laddler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Ford

(Address) 1807 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 10, 1938

19. UNDERTAKER Martin Fuke & Sons

(Address) 1823 W. North Ave.

JAN 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/30/ 1937 to 1/5/ 1938

I last saw her alive on 1/5/ 1938 Death is said to have occurred on the date stated above, at 10 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy – (Cerebral)	
Other contributory causes of importance: Hypertension cardio vascular disease.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Battaglia M. D.

(Address) Franklin Square Hosp.

12654 HEALTH DEPARTMENT—CITY OF BALTIMORE 12654

CERTIFICATE OF DEATH

28773 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward) 95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Vincent LaDeca

If U. S. Veteran specify WAR

(a) Residence: No. 519 Aisquith St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 11-14-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Nick

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grazia Abraino

16. BIRTHPLACE (city or town) (State or country) Italy Italy

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Red. Cem. Date Jan. 8 38

19. UNDERTAKER Frank Dello Iacono

(Address) 52 N. Morley St.

20. FILED JAN 7 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1937, to January 7, 1938.

I last saw h[illegible] Alive on January 7, 1938. Death is said to have occurred on the date stated above, at 10[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Fe[illegible] M. D.

(Address) Baltimore City Hospitals

12655

F 12655

HEALTH DEPARTMENT—CITY OF BALTIMORE

92a

CERTIFICATE OF DEATH

Registered No. 16-5

1. PLACE OF DEATH West Baltimore Gen. Hospital
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agostina Termine

(a) Residence: No. 2586 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Gaetano Termine

6. DATE OF BIRTH (month, day, year) 29 June 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Nicolo' Gliosa

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Rinauro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Concetta Battaglia
(Address) 2586 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Jan. 10 1938

19. UNDERTAKER Frank Della Vale
(Address) 52 N. Monroe St.

20. FILED ..... 19 ..... By ..... Registrar

Jan 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Hamilton Hartman M. D.
Coroner

(Address) 1210 Hanover Ave

V S 6

M. D. B 1568-9

✓ F 42656

12656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4207 E. Lombard St. St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Maria Rosa Varallo

(a) Residence: No. 4207 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Wid.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late-Francesco Varallo

6. DATE OF BIRTH (month, day, year) Oct. 26 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Bruno

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonia Panelli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Varallo
(Address) 4207 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New.Cathedral Cc. Date Jan.8 1938, 19

19. UNDERTAKER Frank Wells Noel
(Address) 51 N. Monday St.

FILED N 7 1938 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to January 7 1938

I last saw h alive on January 5 1938 Death is said to have occurred on the date stated above, at 1020 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Astasia - Abasia	
old Age	
Other contributory causes of importance:	
Apoplexy -	4 days

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. G. Marr M. D.

(Address) 1 W. Preston St

M. D. P. 1268-9

12657

HEALTH DEPARTMENT—CITY OF BALTIMORE

12657

CERTIFICATE OF DEATH

43c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Battery Ave. St., 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. McKay

(a) Residence: No. 1433 Battery Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unmarried

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie McKay

6. DATE OF BIRTH (month, day, year) May 14 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co. Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Raymond E. McKay

(Address) 1433 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. James Cem. Date 1 9 1938

St Mary Co. Md

19. UNDERTAKER C B Bateman

(Address) Leonardtown Md

Huntington Funeral Home

20. FILED JAN 7 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to January 7, 1938.

I last saw h— alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 8:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Arteriosclerosis & myocarditis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schenuit, M. D.

(Address) 1337 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

12658

HEALTH DEPARTMENT—CITY OF BALTIMORE

12658

CERTIFICATE OF DEATH 29481 (1938) 159

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Crowther

If U. S. Veteran specify WAR .....

(a) Residence: No. 3306 Elm Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/30/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Benjamin Crowther

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Lillian Williams

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Disposed of by Hosp. date 19

19. UNDERTAKER .....
(Address)

20. FILED JAN 7 1938 Stamp for Registrar's Office

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC. 31, 1937, to JAN. 2, 1938

I last saw her alive on JAN. 2, 1938 Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-maturity	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Earl Kadan M. D.

(Address) Balto. City Hospitals

Sarah Ann Ewald

F 12659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12659

CERTIFICATE OF DEATH

V 82-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-5 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No..... St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Harry H Metzler
(Address)

JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Jan. 5 1938

I last saw h[illegible] alive on January 1 1938 Death is said to have occurred on the date stated above, at 2:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	3 months ago
	ago
	ago

Other contributory causes of importance:

1 ago hypostatic pneumonia	1 day ago

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Clinical findings

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

12660

HEALTH DEPARTMENT—CITY OF BALTIMORE

12660

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH De Soto Apts - Registered No.

CITY OF BALTIMORE: (No. Charles & Kirkemoray St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank E. Pugh If U. S. Veteran specify WAR

(a) Residence: No. Charles & Kirkemoray St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora V. Pugh

6. DATE OF BIRTH (month, day, year) Dec. 9 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Natl. Color Printing Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Ephraim N.J.

FATHER

13. NAME Charles H. Pugh

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Mary Creffman

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs. Flora V. Pugh
(Address) De Soto Apts.

18. BURIAL, CREMATION OR REMOVAL Place Druid Ridge Cem. Date Jan. 8 1938

19. UNDERTAKER Wm. J. Fichter Sons
(Address) North & Pa Aves.

20. FILED Jan 7 1938

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25- 1937, to Jan 5- 1938

I last saw him alive on Jan 5 1938. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Coronary Artery	1/3/38
Other contributory causes of importance: Chronic Myocarditis	1/1/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North ave

F 12661

12661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

mb 25046 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Gordon

(a) Residence: No. 1700 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James (separated)

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 ~~45~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James Harrison

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lirbutus Memorial Date Jan 10, 1938

19. UNDERTAKER Mrs. Katie R Williams
(Address) 322 S. Schroeder St.

20. FILED JAN 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937 to January 6, 1938

I last saw her alive on January 6, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-5-38
Other contributory causes of importance:	none

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. A. De Lankla M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

12662 12662

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH 3401 Greenway

CITY OF BALTIMORE: (No. 3401 Greenway St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Coale Sappington Tom Brenan

If U. S. Veteran specify WAR

(a) Residence: No. 3401 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Matthew S. Brenan

6. DATE OF BIRTH (month, day, year) Dec 7 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas W. Sappington

14. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

MOTHER

15. MAIDEN NAME Theresa Owings

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Thomas F. Shriver

(Address) 230 W. Lanvale St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place New Cathedral Cemy Date Jan. 8 1938

19. UNDERTAKER Henry W. Jenkins & Sons Co., Inc.

(Address) The Catlett and Orchard Sts

RECEIVED JAN 7 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—6—1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Jan 6 1938

I last saw him alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Other contributory causes of importance: General Carcinomatosis	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N Charles St

M. D. R. 1268-9

F 12663

12663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 McKewin Ave St., 4-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nannie L. Buckman

(a) Residence: No. 767 McKewin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Late Thomas Buckman

6. DATE OF BIRTH (month, day, year) Sept. 12, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George W. Boone

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Shoemaker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mabel Wenneman

(Address) 767 McKewin Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Jan. 8, 1938

19. UNDERTAKER L. M. Waltz

(Address) Hampstead, Md

20. FILED 7 1938 Thurlington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1920 to Jan 6, 1938

I last saw her alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	1920
Chronic Myocarditis	1924
Acute Myocarditis	1926

Other contributory causes of importance:

Influenza	1938

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) F. W. Bishop, M. D.

(Address) 501 S. Fremont Ave.

OCCUPATION is very important. See instructions on back of certificate.

12664 F 12664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N Bethel St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grahie Reddick

If U. S. Veteran specify WAR

(a) Residence: No. 228 N Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Reddick

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Hollis Reddick

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Martha Hollis

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Carrie Reddick

(Address) 228 N Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 8th 1938

19. UNDERTAKER E B Wilson

(Address) 1201 Baltimore Ave

FILED 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 30 / 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D. Coroner

(Address) 50 Light St

F 12665

12665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12759--RER

Registered No. 26-1295-B3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Taylor

(a) Residence: No. unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): 8/10/1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	95	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER

13. NAME: Wm. Taylor

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Julia manning

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: nospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Johns Hopkins Medical School JAN 7 - 1938
Place ..... Date 19

19. UNDERTAKER: Commissioner of Health
(Address): Per H. A. Moore

20. Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 3, 1938

I last saw him alive on January 3, 1938. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-1-38
Other contributory causes of importance: Hypertensive cardiovascular disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Moore Sanitarian, M. D.

(Address) Baltimore City Hospitals

37327

F 12666

12666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29470--M

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Whitney

(a) Residence: No. 202 N. Pine St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-27-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Maryland

FATHER

13. NAME Webster C.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 7 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

FILED 1938 Registrar

6758 A 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/30/37, 19 to 1/2/38, 19

I last saw h/ alive on 1/2/37, 19 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Duration 11 days

Other contributory causes of importance: 090

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wade Santelle M. D.

(Address) Baltimore City Hospitals

12667 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12667

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl. St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lewis

(a) Residence: No. B. C. H. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-14-1876 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ed. Lewis

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) B. V. S. Records

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School Place JAN 7 - 1938 Date 19

Commissioner of Health

19. UNDERTAKER (Address) Per H. A. Moore

20. FILED JAN 7 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26.1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1935, to Dec. 30 1937

I last saw him alive on Dec. 30 1937. Death is said to have occurred on the date stated above, at 7 15 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease — Date of onset

Other contributory causes of importance:

Acute pulmonary oedema

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

12668 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 12668

CERTIFICATE OF DEATH V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5718 York Rd (St.) 7-12 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 5718 York Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4 IV 1860

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Moyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Henry Brown
(Address) 5718 York Road

18. BURIAL, CREMATION, OR REMOVAL
Henry Brown Date 1/10 1938

19. UNDERTAKER Wm. F. Hughes
(Address) 1300 E. Fayette St.

20. FILED ..... 19 ..... Registrar.

7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1938

22. I HEREBY CERTIFY, That I attended deceased from October 6 '37 to Jan. 6 1938

I last saw her alive on Jan 6 1938. Death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1/1/38
Myocarditis	9/6/37
Other contributory causes of importance: Arteriosclerosis	9 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J White M. D.

(Address) 532 E 22nd St

12669 F 12669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. X 12-6 St.) (Ward)

Length of residence in city or town where death occurred yrs. 20 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter H. Urman

If U. S. Veteran specify WAR World War

(a) Residence: No. 36 Overbrook Rd., Balto., St., Ward.
(Usual place of abode) Catonsville, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mildred Powell Urman

6. DATE OF BIRTH (month, day, year) May 26, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Company

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Urman

14. BIRTHPLACE (city or town) (State or country) Bremen, Germany

MOTHER

15. MAIDEN NAME Margaret O'Connor

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records- U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 8 1937

19. UNDERTAKER Dill Funeral
(Address) 1003 W. Baltimore St.

20. Filed ..... 19..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1937, to January 6, 1938.

I last saw him alive on January 6, 1938. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, valvular	Oct. 1937
Heart disease, rheumatic	"
Heart disease, endocarditis, subac. bacterial, streptococcus viridens	"
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) I. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

8 14

F 12670

12670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Manning

(a) Residence: No. 1821 N. Calvert St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur L. Manning

6. DATE OF BIRTH (month, day, year) Oct 18, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Bernard Murphy

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Sadie Wainwright

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Bernard Murphy
(Address) 1821 Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place 1/8/38 Interment Date

19. UNDERTAKER J. Edw. Moran
(Address) 1 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

7 56 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First, Second + Third Degree Burns of Face, Body + Hands	Jan 3, 38

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 3, 1938

Where did injury occur? 1821 N. Calvert St. Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire from gas stove ignited clothes

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel T. Wolfe Coroner M. D.

(Address) 331 E. North Ave

F 12671

12671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. 27-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5440 Belair Rd. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ~~[redacted]~~ Henry L. Koppelman Sr.

(a) Residence: No. 5440 Belair Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry L. Koppelman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline C. Walter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Wm. F. Prince

(Address) 5440 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cremation Co. Date Jan 8, 1938

19. UNDERTAKER Frederick Funeral Home

(Address) 1401 Belair Rd.

FILED 1938 Harrington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Jan 6, 1938

I last saw him alive on Jan 3, 1938 Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung. — Date of onset July, 1937

Other contributory causes of importance:

Was an operation performed? NO. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert J. Humelsbach, M. D.

(Address) 5444 Belair Rd.

12672 E 12672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34-a-107a

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane M Jennings If U. S. Veteran specify WAR

(a) Residence: No. 33 Sollers Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2		30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sharon Pa Md

FATHER

13. NAME John C Jennings

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Annie M Allen

16. BIRTHPLACE (city or town) (State or country) Cole Point Va

17. INFORMANT Jas John C Jennings
(Address) 33 Sollers Road

18. BURIAL, CREMATION, OR REMOVAL
St. Pauls P.E. Reform Church County Jan 8. 1938

19. UNDERTAKER William H Mareck
(Address) 715 Light St

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1938. to Jan. 6, 1938

I last saw h.&R. alive on Jan. 6, 1938. Death is said to have occurred on the date stated above, at 5.32 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital C.N.S Lues	Dec. 21, 1937
Congenital mental Defiency	
Malnutrition	
Bilateral Congenital Cataracts	
Other contributory causes of importance:	
Bronchial Pneumonia	
Healed Scarlatina Pa	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. B. Long M. D.
(Address) University Hospital

1938 6 H

F 12673

12673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Park ave St., 11-7 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Brogden

(a) Residence: No. Avon Apt. E. Read St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Gittings

6. DATE OF BIRTH (month, day, year) 29 Dec 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Chamber of

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME James McC. Brogden

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md

MOTHER

15. MAIDEN NAME Eleanor A. Gittings

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT E.A.S. Reynolds

(Address) 4 Englewood Rd. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 8 1938

19. UNDERTAKER Geo. Rupp & Sons Co

(Address) 2 Reed & Orchard Sts

FILED JAN 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to Jan 6 1938.

I last saw him alive on Jan 6 1938. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Myocarditis	Several
Hypertension	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Surgical Was there an autopsy? No

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. T. Moody M. D.

(Address) 140 Stark Ave.

F 12674

12674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Bolton St. 14-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Randolph Bowne

If U. S. Veteran specify WAR .....

(a) Residence: No. 1411 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin S. Bowne

6. DATE OF BIRTH (month, day, year) Oct 15 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

FATHER

13. NAME Richards C. Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Ann Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) A. Morris Tyson 1411 Chauncey Rd Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 8 1938

19. UNDERTAKER (Address) Wm. H. Perkins Jr. Co. McCulloh-Eichelberger

20. FILED Jan 8 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 36 to Jan 6 1938

I last saw her alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Interval
Arteriosclerosis

Other contributory causes of importance:

Terminal Pneumonia — 1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Woodall M. D.

(Address) 140 W Park Ave

1938

12675 F 12675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 W. Hamburg St. 23-1 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jennie McMillan

If U.S. Veteran specify WAR

(a) Residence: No. 141 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME [redacted] Lee Tuck

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Hattie Ford

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT James H. McMillan

(Address) 1938 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1-8-38

19. UNDERTAKER Hattie R. Knight

(Address) 2211 Harford Ave.

FILED 1-8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1937 to Jan 5th 1938

I last saw him alive on Jan 5th 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. F. Valeke M. D.

(Address) 1115 Park Ave

M. D. P. 1268-9

✓ F 12676

12676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Brocato

(a) Residence: No. 536 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)	Oct 4 1937		
7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Vincent Brocato

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Rubra

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Vincent Brocato

(Address) 536 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 8 1938

19. UNDERTAKER Albert W. Gregory

(Address) 440 E North Ave

FILED Jan 8 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1938 to Jan 7 1938

I last saw her alive on Jan 7 1937 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Infectious Diarrhea — Date of onset Dec. 1937

Malnutrition

Other contributory causes of importance:

Terminal bronchopneumonia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) D. J. DeVecchia M. D.

(Address) Franklin Sq. Hosp.

✓ F 126:77

126:77

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Ashburton St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Chas. Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1822 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Harris

6. DATE OF BIRTH (month, day, year) Oct. 29, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signalman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year) 9 yrs. In Aug. Total time (years) spent in this occupation 18.

12. BIRTHPLACE (city or town) (State or country) Spring Gap Co. Md.

FATHER

13. NAME Chas. Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mollie E. Harris
(Address) 1822 Ashburton Ave

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Cem. Date Jan. 8th 1938

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 1938 to Jany. 5 1938

I last saw him alive on ... 1938 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Dis. Broncho Pneumonia	1 yr
Other contributory causes of importance: Chronic Arthritis Deformans Unable to work 9 yrs.	15 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? No

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

26. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. A. Smith M. D.

(Address) 1606 W. North Ave.

12678 ✓ F 12678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank A. Ewing

If U. S. Veteran specify WAR .....

(a) Residence: No. Md. Penitentiary Hosp. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Oct 4, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	3	None	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Official Records (Mr. Bracken)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/8 1938

19. UNDERTAKER Isaac L. Brown Son
(Address) 1016 Mulberry St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23rd, 1937, to Jan 4, 1938.

I last saw him alive on January 4th, 1938. Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Eczema	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-24-37

For what disease or injury? Mastoiditis of skull

Name of operation Incision and drainage

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John L. Ayrey M. D.

(Address) Jessup Md. 3rd Tuesday of each month Guilford

12679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12679

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 22-1 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lenore Isabelle Wernicke

If U. S. Veteran specify WAR

(a) Residence: No. 2 Hanover Terrace St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Florence Alabama

13. NAME Wm Wernicke

14. BIRTHPLACE (city or town) (State or country) Florence Alabama

MOTHER

15. MAIDEN NAME Lenore Pooley

16. BIRTHPLACE (city or town) (State or country) Florence Alabama

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Birmingham Ala Date 1/9/38 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED ..... 19 ..... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/27/37 19 ... to 1/6/38 19

I last saw h... alive on 1/6 19 38 Death is said to have occurred on the date stated above, at 2.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Miliary tuberculosis	12-15-37
	over

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thomas A Brem, M. D.

(Address) Johns Hopkins Hospital

12680

HEALTH DEPARTMENT—CITY OF BALTIMORE

12680

CERTIFICATE OF DEATH 24914 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal to. City nospt. St. ..... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Reddicord

If U. S. Veteran specify WAR .....

(a) Residence: No. 4306 E. Lombard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Reddicord

6. DATE OF BIRTH (month, day, year): 9-18-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Reddicord

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Susan Lee

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date 1/10/ 1938

19. UNDERTAKER John J. Cowan & Son
(Address) 401 Hollins St

FILED JAN 8 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937, to January 6, 1938

I last saw h[illegible] alive on January 6, 1938. Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	July 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) H. A. Lee Lambdin M. D.

(Address) Baltimore City Hospitals

339 495 HEALTH DEPARTMENT—CITY OF BALTIMORE 95B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catharine Peck

(a) Residence: No. 2520 McCulloh St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edward J

6. DATE OF BIRTH (month, day, year) May 8 - 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Berry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie Warner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/10/38

19. UNDERTAKER Mrs. George E. Holland (Address) 631 Dudley Hill

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1938 to Jan 5 . 1938.

I last saw her alive on Jan 5 . 1938. Death is said to have occurred on the date stated above, at 10 25 p m.

The principal cause of death and related causes of importance were as follows:

Thrombosis Iliac vein pulmonary infarct — Date of onset 1-3 38

Other contributory causes of importance:

Hypertensive Heart Disease 3 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO ... If so, specify .....

(Signed) Wesley Barlow, M. D.

(Address) Johns Hopkins Hosp.

1938

1337 680 12682 12682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46 D

Registered No. 12682

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Newby

(a) Residence: No. R.F.D #10 Box 68 St., ... Ward. Edgemere Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nora

6. DATE OF BIRTH (month, day, year): July 22-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Beth. Steel

10. Date deceased last worked at this occupation (month and year): ~~Labor~~ 0040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Steven

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Alexendria Redd

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date: 1/9/ 38

19. UNDERTAKER: Frances B. Hemsley
(Address) 578 W. Biddle St

20. Filed JAN 8 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937, to Jan 6, 1938

I last saw him alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 130 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	1-4-37

Other contributory causes of importance:
Arterio sclerosis Cerebral

Was an operation performed? Yes Date of 1-4-37

For what disease or injury? Carcinoma of the rectum

Name of operation Resection for Ca of Rectum, Iliac Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Richard P Battle M. D.
(Address) Johns Hopkins Hospital

12683 F 12683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12683 B1-2 117a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph W. Cox

(a) Residence: No. 1172 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Cox

6. DATE OF BIRTH (month, day, year) Oct. 20, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	2	15/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1163

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Carter Cox

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Sallie Young

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Emma Cox
(Address) 1172 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 8 1938

19. UNDERTAKER Embalmers Inc.
(Address) 1017 W. Cross St.

20. FILED JAN 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938 to Jan. 5, 1938

I last saw h.. alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Complication following Ruptured gastric Ulcer	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan 4

For what disease or injury? Ruptured gastric ulcer

Name of operation Perforated ulcer

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Linn, M. D.

(Address) W 35 St

M. D. B. 1268-9

✓ F 12681

12681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N. Mount St., 15-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Dennis

(a) Residence: No. 1516 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 15, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Dennis

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Lillie wesley

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Lillie Dennis
(Address) 1516 n mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cem Date Jan 8, 1938

19. UNDERTAKER T. E. Kelson
(Address) 1303 Presstman st

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1937 to Jan 5th, 1938.

I last saw her alive on Jan 5th, 1938. Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 29/37
Other contributory causes of importance: Exhaustion	3 day

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo. H. Lowenburg M. D.

(Address) 2215 N. Charles Ave

12685 ✓ 12685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3620 Springdale Ave. St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna M. Miller

(a) Residence: No. 3620 Springdale Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William E. Miller

6. DATE OF BIRTH (month, day, year) December 4, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank I. Granger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence Spicer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. William E. Miller
(Address) 3620 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan 10 1938

19. UNDERTAKER W. J. Lackey & Sons
(Address) North & Pa. Aves.

JAN 8 1938

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1938

22. I HEREBY CERTIFY, That I took ... of the female described above, held an ... (Inquest, Autopsy or Inquiry) ... thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... find that said deceased came to ... death ... Found dead 630 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. Hamm Coroner M. D.

(Address) 1215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12686

CERTIFICATE OF DEATH

108 F 12686

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 19-2 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mable Ann Vaughan

If U. S. Veteran specify WAR

(a) Residence: No. 1525 W. Saratoga St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) May 3, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Vaughn

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mabel Jefferson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mabel Vaughn (M) (Address) 1525 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date Jan. 8, 1938

19. UNDERTAKER Charles E. Hofferman (Address) 514 N. Calhoun St.

FILED 1-8 1938

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-2-, 1938, to 1-7-, 1938

I last saw h.. alive on 1-7-38, 19.. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7.
Other contributory causes of importance: Leprosy	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. H. Maloney M. D.

(Address) Provident Hosp. Baltimore, Md.

B 39078 12687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

T 122-BF 12687

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Taylor

(a) Residence: No. 65 Stemmers Run Back River St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5-4-80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Hicks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place John Wesley Cem Date Jan 8 38

19. UNDERTAKER Robert E Wadkins (Address) 1515 McElderry St

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1937 to Jan 6, 1938.

I last saw her alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, recurrent	Oct 1st 1937.
Other contributory causes of importance:	
Gastro-enteritis	Oct 1st 1937
Malnutrition, extreme	Nov. 1936.

Was an operation performed? yes Date of Sept 1937 Jan 3, 1938

For what disease or injury?

Name of operation Hysterectomy, Fistula of colon

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. S. Harrison M. D.

(Address) Johns Hopkins Hospital

NB 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12698 CERTIFICATE OF DEATH 29095 (MD) F 12698

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-291-a Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Ziegler

(a) Residence: No. 2238 Penrose Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora (divorced)

6. DATE OF BIRTH (month, day, year) 3/29/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watch Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 3 9

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cemetery Date Jan. 8, 38

19. UNDERTAKER W. J. Stapleton & Son
(Address) 1300 Eastern Ave

PAID 8 1938 Funeral Director's Registration No. 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1937 to January 6, 1938

I last saw him alive on January 6, 1938 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lamballe, M. D.

(Address) Baltimore City Hospitals

F 12689

12689 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 St Mary St. 17-4 Ward)

Length of residence in city or town where death occurred ~~in~~ yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR _____

2. FULL NAME James Wells

(a) Residence: No. 554 St Mary's St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Wells

6. DATE OF BIRTH (month, day, year) — 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Md

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Anne Lripps

(Address) 941 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Date Jan 8, 1938

Where Calvary Cem

19. UNDERTAKER Edward P. Reynolds

(Address) 1818 Eden St

Filed JAN 8 1938 _____ Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in~~quest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said ~~in~~quest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset Jan 6 38 about Dec 1937

Other contributory causes of importance: Hypertension

Was an operation performed? — Date of

For what disease or injury? — Date of

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 5 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12690

CERTIFICATE OF DEATH

-121- F 12690

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 21-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred E. Mathias

If U. S. Veteran specify WAR —

(a) Residence: No. Smith Ave. & Newbury St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR or RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23-1900

7. AGE: Years 37 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Marysville Pennsylvania

FATHER

13. NAME George M. Mathias

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Laura S. Lenhart

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) Geo. M. Mathias Smith Ave & Newbury St.

18. BURIAL, CREMATION, OR REMOVAL Place Manchester, Pa. Date Jan. 10 - 1938

19. UNDERTAKER Horace F. Burger

(Address) 3631 Falls Road

20. FILED JAN 8 1938 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 , 1938 to Jan 8 , 1938

I last saw her alive on Jan 6 , 1938. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Cystic Ovaries — Date of onset unknown

Acute Appendicitis — 1/1/38

Other contributory causes of importance:

Acute exacerbation of a chronic nephritis

Was an operation performed? Yes Date of 1/4/38

For what disease or injury? Bilat. cystic ovaries, Ac. Appendicit

Name of operation Bilateral oophorectomy & Appendectomy

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Dearbaugh Jr , M. D.

(Address) Md. Gen. Hosp.

12691 F 12691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Boregate & Sherwood Ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Demuth

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Northeastern Police Station
(Address) Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 8 - 1938 19
Place Date
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FU 19 Registrar

1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster, M. D.
Coroner

(Address) 1918 E. North Ave

12692 E 12692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Fair

If U. S. Veteran specify WAR .....

(a) Residence: No. Marion Station, Easton Shore, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) February 15, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	10 11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Henry Fair

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lucille

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Henry Fair

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 8 - 1938

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Hutzler Bros. Co. Baltimore, Md.

JAN 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937 to January 6, 1938

I last saw him alive on January 6, 1938 Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	July 1937
	Over

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. Fenton Howe, M. D.

(Address) Easton, Md. R.D. #1

O.K. Paul Thurston

F. 12693

12693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-6 St., 5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Fannie Sacks

If U.S. Veteran specify WAR

(a) Residence: No. 2798 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE Isidore Sacks

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Kurland

FATHER

13. NAME Ben Krauss

14. BIRTHPLACE (city or town) (State or country) Kurland

MOTHER

15. MAIDEN NAME Ben Krauss

16. BIRTHPLACE (city or town) (State or country) Kurland

17. INFORMANT Isidore Sacks
(Address) 2798 W. North ave

18. BURIAL, CREMATION, OR REMOVAL Har Sinai Date 1-9-38, 19

19. UNDERTAKER Jos. L. Levi Inc
(Address) 1439 E. Baltimore st

FILED 19 Registrar.

CD 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8-38

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1937 to Jan. 7, 1938

I last saw h[illegible] alive on 1-7 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Bronchopneumonia	

Other contributory causes of importance:

Osteomyelitis of hip	

Was an operation performed? Yes Date of 11/4/37

For what disease or injury?

Fracture of hip

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/18/37

Where did injury occur? 2798 W. North ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Apt. home.

Manner of injury Tripped & fell over platform in her home.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Bernard Lichman, M. D.

(Address) Sinai Hospital

12694 F 12694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Mrs Jennie Pearl

If U.S. Veteran specify WAR ...

(a) Residence: No. 4011 Bowman ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee Pearl

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 53 — Months: — Days: — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Gale

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Dura

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Lee Pearl

(Address) 4011 Bowman ave

18. BURIAL, CREMATION, OR REMOVAL 1-9-38

Place Rosedale Date . 19

19. UNDERTAKER: Saul Levine Inc

(Address) 1499 E. Lombard St

19[illegible] 1938 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8 . 1938

22. I HEREBY CERTIFY, That I attended deceased from November 28 . 1937 . to January 8 . 1938

I last saw h... alive on January 8 . 1938 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia 2 Chronic Nephritis	Nov 28 1937
Hypertension	1933

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morton Harris Lynchyan M. D.

(Address) Sinai Hospital

F 42695

Spec.—1-12-2—M&T—500 Blks.

12695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1510 Harlem Ave (WARD) 2

2-FULL NAME Aaron Fowler

(a) RESIDENCE NO. 1510 Harlem Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Wid.

5a If married, widowed, or divorced: (a) HUSBAND of (or) WIFE of Adele Fowler

6 DATE OF BIRTH (month, day, and year) April 9, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab. for P

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Fowler

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Elsie M. Roberts

(Address) 1510 Harlem Ave

15 Filed 1938, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1938

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Jan. 6, 1938.

that I last saw h living on Jan. 6, 1938,

and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

Arterio sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Val. Ht. D. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. D. Taylor, M. D.

, 19 (Address) 522 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Jan 9 19 38

20 UNDERTAKER James Astuzo — ADDRESS [illegible] Wolfe

126696 F 126696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH Mercy Hospital — (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 11-7 St., Ward)

Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward R. McGuigan (Starrs) If U. S. Veteran specify WAR

(a) Residence: No. 15 E Centre St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Rose

6. DATE OF BIRTH (month, day, year) Oct 12 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas McGuigan

14. BIRTHPLACE (city or town) (State or country) Phila

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Phila Pa.

17. INFORMANT Edward R. McGuigan Son
(Address) 507 S. 205 St Bay and E9

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date January 14 1937

19. UNDERTAKER Wells Funeral Home Inc
(Address) 1422 W. Baltimore

20. FILED 19 Registrar

No. 1938

MEDICAL CERTIFICATE OF DEATH 3AM

21. DATE OF DEATH (month, day, year) 1-7- 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract Skull —	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide Acc Date of injury 1-7-38
Where did injury occur? Delmar Jct Del (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by Hit & Run driver
Nature of injury Lac Cerebrum Struck

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Herbert J Hughes Jr M. D.
(Address) 907 N Chapel St

F 12697

12697 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 210-M

Registered No. ____

1. PLACE OF DEATH St. Agnes Hospital St., 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ____

2. FULL NAME John George Engels Jr

(a) Residence: No. 1005 Augusta Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Aug 5-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John G Engels

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Kernan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John G. Engels

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Jan. 10 1938

19. UNDERTAKER Geo. W. Forbes

(Address) Fayette & Fulton

FILED 19 ____ Registrar

JAN 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ____ and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

(Accident), suicide, or homicide? Acc Date of injury 1-6 38

Where did injury occur? 100 Blk S-Augusta Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Nature of injury Struck by Auto while playing

Nature of injury Struck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert F Hurley M. D.

Coroner

(Address) 907 N. Chas St

HEALTH DEPARTMENT—CITY OF BALTIMORE

12698 12698

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cordelia Hawkins

If U. S. Veteran specify WAR

(a) Residence: No. Calvert Co St., ... Ward. MD

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Feb 15 1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert

FATHER

13. NAME Mc Henley Hawkins

14. BIRTHPLACE (city or town) (State or country) Calvert Co

MOTHER

15. MAIDEN NAME Lucy Smith

16. BIRTHPLACE (city or town) (State or country) Calvert Co

17. INFORMANT Gracie Smith

(Address) Sunderland

18. BURIAL, CREMATION, OR REMOVAL

Place Sunderland Calvert Co Date Jan 9 1938

19. UNDERTAKER J. B. Tolson

(Address) Annapolis

FILED JAN 9 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/19/37, 1937 to ..., 19...

I last saw her alive on 1/6/38, 19... Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARDIAC FAILURE	
RHEUMATIC CARDIAC DISEASE	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Walter E. Tarlton, M. D.

(Address) University Hospital

12699 HEALTH DEPARTMENT—CITY OF BALTIMORE 12699

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4218 Vermont Ave, St. or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Miller

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4218 Vermont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~divorced~~ ~~HUSBAND~~ (or) WIFE of John Casper Miller

6. DATE OF BIRTH (month, day, year) July 23rd 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Miller

(Address) 4218 Vermont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 10th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Jan 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1937 to Jan 6 1938

I last saw her alive on Jan 3 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis & Arteriosclerosis	
Heart disease about	3 yrs
Other contributory causes of importance:	
Arteriosclerosis	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marshall B West M. D.

(Address) Catonsville Md

9 1938

12700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12700

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Lyman ave St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2½ mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda Dillon-Wells (nee Wedenheimer) If U.S. Veteran specify WAR ...

(a) Residence: No. Albright Courthouse St., Reading Pa. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND (or) WIFE of Thomas Wells

6. DATE OF BIRTH (month, day, year) March 13 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	26 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Reading Pa

13. NAME Wedenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Mrs. Clara Bartholomew
(Address) 413 Lyman ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laucc Cem Trty Reading Pa Date Jan 9th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED Jan 10 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1937 to Jan 8 1938.

I last saw her alive on Jan 8 1938. Death ~~is said~~ occurred on the date stated above, at 9 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	7

Other contributory causes of importance:

Hypertension	

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lyman Abbott M. D.

(Address) 3931 Greenmount ave

1938

F 12701

12701 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 482-a

Registered No. 13-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3504 Holmes St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Anna Sher
(a) Residence: No. 3504 Holmes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Sher

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Milton Farris
(Address) 3416 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Providence, R. I. Date 1-9- 1938

19. UNDERTAKER Page Ferris Inc.
(Address) 1439 E. Baltimore St.

JAN 9 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Crans M. D.
Coroner

(Address) 612 W. 40 St.

V S 6

F 12702

12702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospt. St. 18-3 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charles Feldman

(a) Residence: No. 1107 W. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Feldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl Silverberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Feldman
(Address) 1107 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 1-9-38 19

19. UNDERTAKER Jas. L. Levy & Son
(Address) 1459 E. Balto St.

20. FILED 19 Registrar

No. 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came this death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchopneumonia	1/9/38
Other contributory causes of importance: Acute Hemorrhagic	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. J. Gallen M. D.
Coroner

(Address) Geo. J. Gallen

12703 F 12703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Harlam ave St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (32) yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Malessia wood

If U. S. Veteran specify WAR .....

(a) Residence: No. 1608 Harlam ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Wood

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Cecelia Botts

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John wood
(Address) 1608 Harlam ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 1-10-38

19. UNDERTAKER Mrs M. E. Elliott-Dafter
(Address) 1129 N. Caroline St.

20. FILED ..... 19 .....

JAN 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 8, 1938

I last saw h.r alive on Jan 7, 1938. Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1613 Monument St

F 12701

12701 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 400

CITY OF BALTIMORE: (No. 400 Winston ave St. 27-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S Veteran specify WAR .....

2. FULL NAME Louisa E. Snyder

(a) Residence: No. 400 Winston Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 14 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Snyder

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Caroline Garber

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Alfred Edel

(Address) 14 Guilford Road

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Jan 10 1938

19. UNDERTAKER A S Marshall

(Address) 3539 Fall Road

FILED JAN 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5 1936 to Jan 8 1938

I last saw h alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chr Ad. Nephritis	1932
Ac. Myocarditis	1932
Other contributory causes of importance: Pneumonia	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. W. Bishop M. D.

(Address) 501 S Linwood Ave

M. D. H. 1268-0

Louis J Norment

F 12705

12705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V + 93-C

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Louis T. Norment,

(a) Residence: No. 33 Oregon Ave., Halethorpe, St. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard B Norment

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie Starr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Louis Norment

(Address) 33 Oregon ave Halethorpe

18. BURIAL, CREMATION, OR REMOVAL Laurel Burial Date Jan 10 1938

19. UNDERTAKER H. D. Marshall

(Address) 2538 Eutaw Place

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1938 to 1-8 1938

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3.45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis Degenerative Myocarditis Hypertensive Cardiovascular Disease.	1-2 38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence J Shimanek M. D.

(Address) St. Agnes Hospital

12706 F 12706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Gittings Ave St., 27 Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Bowman

(a) Residence: No. 210 Gittings Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta F. Bowman

6. DATE OF BIRTH (month, day, year): April 16, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butter + Egg Merchant

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Eva Kunigunda ?

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: George E. Bowman

(Address) 210 Gittings Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan. 10th 1938

19. UNDERTAKER: Mr. & Mrs. John W. Tenfelde & Son

(Address) 801 W. Fayette St.

20. FILED ... Registrar

0

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Jan 7, 1938

I last saw him alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 5.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile degeneration	years
Other contributory causes of importance:	
Cardiac insufficiency + hypertension	not known

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Roscoe Grove M. D.

(Address) 243 S. Maryland Ave

12707 F 12707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Aisquith St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Max Perlus

(a) Residence: No. 611 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Rd Date 1-9- 19

19. UNDERTAKER: Jack Lewis Inc.
(Address) 1732 E Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to Jan. 8th 1938

I last saw him alive on Jan-8 1938 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
metastatic carcinoma, probable secondary to carcinoma of prostate	1931
Other contributory causes of importance	

Was an operation performed? yes Date of Sept. 14. 1937

For what disease or injury? Carcinoma. growth

Name of operation exploratory

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) D. A. Michelson M. D.

(Address) 2230 Eutaw Place

9 1938

12708 E 12708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 N. Milton Ave St. 8-3 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Louisa Middleton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1400 N. Milton Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Middleton

6. DATE OF BIRTH (month, day, year) Oct. 21-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Haug

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Gross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Haug
(Address) 1400 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Schwartzbach Date Jan. 10 19 38

19. UNDERTAKER John A. Miller
(Address) 2334 Eutaw St.

20. FILED JAN 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to January 7 1938

I last saw her alive on January 6th 1938. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage	Jan 7 38
Bronchopneumonia	Jan 7 38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Victor Goldberg M. D.

(Address) 1524 N. Patterson Park Ave

12709 F 12709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26098--KHW

1. PLACE OF DEATH

Registered No. 49 E

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Jones

(a) Residence: No. 604 W. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married-sep.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 10/2/1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Jim ?

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1/10/38

19. UNDERTAKER Frances A Hemsley
(Address) 576 W. Biddle St

FILED JAN 9 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 14 1937 to January 7 1938.

I last saw her alive on January 7. 1938. Death is said to have occurred on the date stated above, at 1 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary	June 1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-13-36

For what disease or injury? Dilatation & abdomen

Name of operation Laparotomy

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

12710 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12710

CERTIFICATE OF DEATH

349-23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie Sidney (23885)

(a) Residence: No. 607 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) Aug. 11, 1910

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	27	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Albert

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lula Farmer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 1/10/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar.

N 9 1938 Hamilton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938 to January 5, 1938

I last saw him alive on January 5, 1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Feb. 1937
Other contributory causes of importance:	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lenard Brill M. D.

(Address) Balto. City Hospitals

12711 F 12711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Paton Ave 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Page

(a) Residence: No. 3417 Paton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Page

6. DATE OF BIRTH (month, day, year) Jan 10-1888

7. AGE — Years 49 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boyds Boston Va

MOTHER FATHER

13. NAME Harrison Page

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lillian Sims

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary Page

(Address) 3417 Paton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/10/ 1938

19. UNDERTAKER Frances A Hemsley

(Address) 3784 W Biddle St.

20. FILED ... 19... Registrar

S 6 1938 D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I took care of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Jan 6 1938

Other contributory causes of importance: Hypocondritis

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jorgen S. Allen M. D.

(Coroner)

(Address) 50 Lexington

12712 E 12712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Oakley ave St., 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Franklin

If U. S. Veteran specify WAR

(a) Residence: No. 3004 Oakley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Morris

6. DATE OF BIRTH (month, day, year) June 19 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Reasche Emanuely.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morton Franklin
(Address) 3004 Oakley ave

18. BURIAL, CREMATION, OR REMOVAL
Lower Washington Rd Date Jan 9 1938

19. UNDERTAKER Sol Levinson & Bro.
(Address) 1124 E. Baltimore ave

Filed 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/10, 1937 to 1/8, 1938

I last saw h alive on 1/7, 1938. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Coma	

Other contributory causes of importance:

Chronic Nephritis
Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Strauder M. D.

(Address) 1122 W Lee

12713

F 12713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, Balto. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Isaacs

If U.S Veteran specify WAR No

(a) Residence: No. Sinai Hospital Home Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Isaacs

6. DATE OF BIRTH (month, day, year): Sept 9 1854

7. AGE: Years 83 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

13. NAME: Abraham Hamburger

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Eva Glumpelder

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. J. Isaacs

(Address) 300 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL: Chev Shalom Cemetery Jan 10 1938

19. UNDERTAKER: J. Abrahams & Co

(Address) 2423 Reisterstown Rd

FILED ... 19... ... Registrar.

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 8 1938

22. I HEREBY CERTIFY, That I attended deceased from November 12 1937 to January 8 1938

I last saw h alive on January 8 1938 Death is said to have occurred on the date stated above, at 3:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	11/12/37
2. Hypertensive Heart Disease	

Other contributory causes of importance:

Starvation

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morton Marx Spilman M. D.

(Address) Sinai Hospital

12714 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12714

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Hanover St. 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Westunck

If U. S. Veteran specify WAR .....

(a) Residence: No. 1737 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary F. Westunck

6. DATE OF BIRTH (month, day, year) May 10 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Hotel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Westunck

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Mary F. Westunck

(Address) 1737 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 1/10 1938

19. UNDERTAKER Dunward O. Covington

(Address) 21 W. 20th St

20. FILED ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937 to Jan 6, 1938

I last saw alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Chronic Myocarditis Duly.	
Other contributory causes of importance:	
Acute Dilitation of heart	1/4/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1/7/38 (Signed) H. H. Campbell M. D.

(Address) 1644 Hanover St

12715 E 12715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Orleans St. 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Virginia T. Ross

(a) Residence: No. 1705 Orleans St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Ross

6. DATE OF BIRTH (month, day, year) Oct. 17th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME George W. Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannie E. Chase

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George E. Ross

(Address) 1705 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 1-10- 1938

19. UNDERTAKER Bryon & Manning & Wright

(Address) 1218 N. Eutaw St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 6 - , 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30 - , 1937, to 1 - 6 - , 1938

I last saw h.. alive on 1 - 5 - , 1938. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-30-37
Other contributory causes of importance: Hypertension	—

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. W. Bagwell M. D.

(Address) 611 N. Carolina

F 12716

12716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1707 Wicks Ave St., Ward) Lorell Park 25

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Schreiner

If U. S. Veteran specify WAR

(a) Residence: No. 1707 Wicks Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara E. Schreiner

6. DATE OF BIRTH (month, day, year) March 30-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1913

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John G. Schreiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Laura Wolford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. George W. Smith

(Address) 2602 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan. 10, 1938

19. UNDERTAKER George L. Schwatt

(Address) 2101 Frederick Ave.

20. FILED , 19 , Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938 to Jan 6, 1938

I last saw him alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Arteriosclerosis	?
Chr Myocarditis	?
Hypertension	?
Cerebral Haemorrhage	1/4/38
Other contributory causes of importance: Hypostatic Pneumonia	1/5/38

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C P Roeding M. D.

(Address) 2623 Washington Blvd

12717

HEALTH DEPARTMENT—CITY OF BALTIMORE

DUPLICATE

12717 SF

#15127

CERTIFICATE OF DEATH

Registered No. 15-982-62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City nospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millie Stocksdale

If U. S. Veteran specify WAR

(a) Residence: No. 2316 Chelsea Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nosh Stocksdale

6. DATE OF BIRTH (month, day, year) 1/26/~~xxx~~ 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 ~~xx~~	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glen Rock (State or country) Pennsylvania

FATHER

13. NAME Henry Neiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT City nospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Jan 10 1938

19. UNDERTAKER Wm J Fickenscher & Sons

(Address) Baltimore Md

20. FILED JAN 9 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to January 7, 1938

I last saw her alive on January 7, 1938 Death is said to have occurred on the date stated above, at 12:25 ~~P.M.~~ A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/6/38
Other contributory causes of importance: Arteriosclerosis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. De Haylette M. D.

(Address) Baltimore City Hospitals

✓ F 12718

12718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie A. Hudgins

(a) Residence: No. 1917 W. Mulberry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Nicholas A. Hudgins

6. DATE OF BIRTH (month, day, year) Oct 10th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

FATHER

13. NAME Joseph ST Durning

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Amanda Cook

16. BIRTHPLACE (city or town) (State or country) Sharpsburg, Pa.

17. INFORMANT Mrs Bob't H. Baldwin

(Address) 1917 W. Mulberry St.

18. BURIAL, CREMATION OR REMOVAL

Place Woodlawn Cem. Date Jan 10th 1938

19. UNDERTAKER Wm. J. McKenna & Sons

(Address)

FILED Jan 10 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	12/28
Terminal Broncho Pneumonia	1/7
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec. 29-38.

For what disease or injury? Fracture left femur.

Name of operation Open reduction Date of 12/28

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental injury 12/28 1937

Where did injury occur? Home Baltimore md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped and fell on floor.

Nature of injury Fracture of left Femur.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Martin Hanna, M. D. Coroner

(Address) 1322 W. Baltimore St.,

12719 12719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard C Magers

(a) Residence: No. 1442 W Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Madelin Magers

6. DATE OF BIRTH (month, day, year) Aug. 30-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Magers
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Penn, Land

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan. 11 38

19. UNDERTAKER Wm Pickett Sons. North & Paca St.
(Address)

20. FILED ..... 19..... Registrar

JAN 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1937, to Jan 7, 1938

I last saw h... alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 6.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 23

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Charles H. Stark, M. D.

(Address)

12720 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12720

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Oakmont Ave St., 27-18 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel T. Morgan

(a) Residence: No. 3513 Oakmont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Morgan

6. DATE OF BIRTH (month, day, year) Oct. 9, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stewart & Co

10. Date deceased last worked at this occupation (month and year) Jan 38

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Swansea Wales.

FATHER

13. NAME Rees Morgan

14. BIRTHPLACE (city or town) (State or country) Wales.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT Mr. Rees T. Morgan
(Address) 709 Walnut Ave Roslyn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jan. 10 1938

19. UNDERTAKER Chas. J. Pickrell & Son
(Address) North & Fulton Aves.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937 to Jan 7 1938

I last saw him alive on Jan 5 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-7-1938
Other contributory causes of importance: Coronary occlusion	2-12-1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Physical & Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Heights Ave

12721

HEALTH DEPARTMENT—CITY OF BALTIMORE

12721

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 S. Brunswick St., 20 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Anna B. Maurer

(a) Residence: No. 511 S. Brunswick St., 20 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William F. —

6. DATE OF BIRTH (month, day, year) Oct 29, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida C. Miller

(Address) 511 S. Brunswick St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 1938

19. UNDERTAKER J. D. Pippert & Son

(Address) 220 Eutaw Place

20. FILED 1938 Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937, to June 7, 1938

I last saw her alive on June 6, 1938. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 28 1937
Other contributory causes of importance:	
arteria Sclerosis	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Marshall B West, M. D.

(Address) Catonsville Md

12722

✓ F 12722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7317 Brown St. 14-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Shoop

If U.S. Veteran specify WAR ...

(a) Residence: No. 737 Brown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 7, 1868

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69-	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

13. Name of Father Winston Shores

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME of Mother Margaret Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sarah Green
(Address) 1530 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carlton Cemetery Date Jan 9, 1938

19. UNDERTAKER Archibald Gudobas
(Address) 210 McCulloh St.

20. FILED ... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/7/38, 19 to 1/8/38, 19

I last saw her alive on 1/6/38, 19 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	1 hr
Thrombosis	

Other contributory causes of importance:

Senility & age

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physician Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Ellis, M. D.

(Address) 624 Mad. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42723

42723

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hiram V Palmer

(a) Residence: No. Boring Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Viola Jackson Palmer

6. DATE OF BIRTH (month, day, year) June 11 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John H Palmer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Murray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Viola Palmer

(Address) Boring Md

18. BURIAL, CREMATION, REMOVAL Mt Zion Balto Date Jan 11 38

19. UNDERTAKER Edward Upton

(Address) Hampstead Md

20. FILED Jan 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/1938

22. I HEREBY CERTIFY, That I attended deceased from 12/16/37, 19... to 1/9/38, 19...

I last saw him alive on 1/9/38, 19... Death is said to have occurred on the date stated above, at 8 Y a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Recto Sigmoid Junction with Complete Obstruction	12/16/37

Other contributory causes of importance:

Peritonitis, generalized Uremia D 12/16/37

Was an operation performed? Yes Date of D 1/4/38

For what disease or injury? Carcinoma of Recto-Sigmoid

Name of operation Cecostomy; abd. - Perineal Resection

What test confirmed diagnosis? Op & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. D. Cornbrooks Jr. M. D.

(Address) University Hosp

9 - 1938

42724 F 42724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No..... St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER Harry H. Kutzler
(Address)

20. FILED 19 Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1937 to Jan 8 1938.

I last saw h[illegible] alive on Jan 8th, 1938. Death is said to have occurred on the date stated above, at 9.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoplegia acute	12/26/37
Paralysis	over
Other contributory causes of importance: Cardiac Sclerosis	1/6/38.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) Hubert E. Zepp, M. D.

(Address) 3048 N. Monte Av
Baltimore Md.

M. D. R. 1953-A

F 42725

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42725

CERTIFICATE OF DEATH

+ 46-C

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward) 25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Eloise Miller

(a) Residence: No. 25 Glenwood Ave. St., Catonsville md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Miller

6. DATE OF BIRTH (month, day, year) Dec. 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
69		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Isaac Forester

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Jarboe

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edmund L. F. Miller

(Address) 25 Glenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Jan 10, 1938

19. UNDERTAKER Harry A. Cutler

(Address) 4611 Harford Ave.

20. FILED Jan 10 1938 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to January 6, 1938

I last saw her alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 6:45 Pm.

The principal cause of death and related causes of importance were as follows:

Toxemia following operation for carcinoma of rectum & resection of small bowel

Date of onset 12/22/37

Other contributory causes of importance:

Senility
Malnutrition

Name of operation Resection of Bowel Date of 12/22/37

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Maguire M. D.

(Address) St. Agnes Hospital

42726 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 42726

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 McMechen St. W-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Amelia West

If U. S. Veteran specify WAR .....

(a) Residence: No. 546 McMechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) 5/28/1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Geo Washington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lemenia Payne

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Edna Haines

(Address) 1025 N Stricker st

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date 1/10-38

19. UNDERTAKER Wm A Jackson

(Address) 416 Penna ave

20. FILED ..... 19..... Registrar

JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/38

22. I HEREBY CERTIFY, That I attended deceased from 12/29/37 to 1/5/38 19..

I last saw h[illegible] alive on 1/5/38 Death is said to have occurred on the date stated above, at 2 P.M.

The ~~principal~~ cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	

Other contributory causes of importance: Exploding Bronchitis

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W J Buchanan M. D.

(Address) 1524 N Caroy

42727 HEALTH DEPARTMENT—CITY OF BALTIMORE 42727

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH University Hospital Registered No.
CITY OF BALTIMORE: (No.) St. 6-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.
2. FULL NAME George A. Mael (Maelkowski) If U. S. Veteran specify WAR
(a) Residence: No. 32 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Mael
6. DATE OF BIRTH (month, day, year): Nov. 16, 1881
7. AGE: Years 56 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Dept. Baltimore City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Germany
13. NAME of father: August MaelKowski
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME of mother: Wilhelmina Swallow
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Mrs. Beulah Herwig.
(Address) 3013 Phila. Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place: London Pk Date 1/10/38 19
19. UNDERTAKER: Philip Herwig Sons
(Address) 2016 Orleans St
19. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1937 to Jan. 7, 1938
I last saw him alive on Dec. 9, 1938 Death is said to have occurred on the date stated above, at 12:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate, undetermined	Unknown

Other contributory causes of importance:
Coronary Thrombosis
Myocardial Degeneration

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Francis D. Dickey M. D.
(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

33436 0
42728

CERTIFICATE OF DEATH

✓108 F 42728

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 3-1 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 226 S-Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ Elizabeth

6. DATE OF BIRTH (month, day, year) 11/7/96

7. AGE — Years: 41 | Months: 2 | Days: 2 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stonecutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: George Schmidt-

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Helen Schmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Friends-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Oaklawn Cem- Date: Jan 12 1938

19. UNDERTAKER: John C. Mullan Inc
(Address) 2435 East Oliver St.

JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 9, 1938

I last saw him alive on Jan 8, 1938 Death is said to have occurred on the date stated above, at 4:15 a m.

The principal cause of death and related causes of importance were as follows:

1 Cerebral Hemorrhage — Date of onset 1-7-38
Delerium Tremens — 1-6-38
Hypostatic Pneumonia, acute
Lobular consolidated

Other contributory causes of importance:
Chronic alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas N. Brasen, M. D.

(Address) Johns Hopkins Hospital

2729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42729

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME [illegible]

(a) Residence: No. 923 S. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Henry Stokes

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Betty

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Bennett

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/10, 1938

19. UNDERTAKER Walter B. Riggs

(Address) [illegible]

20. FILED JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938 to Jan 7, 1938.

I last saw h[illegible] alive on Jan 7, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-31-37
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gilbert E. Kirkman, M. D.

(Address) St. Joseph's Hospital

42730 F 42730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 504 Gilmore St., 19-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Butler

(a) Residence: No. 504 n. Gilmore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Butler

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hodges

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

17. INFORMANT Elizabeth Harris
(Address) 504 N. Gilmore

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan 10 1938

19. UNDERTAKER Agnes Tate & Goldsboro
(Address) 1407 Druid Hill Ave.

20. FILED ... 19... Registrar

JAN 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1938 to Jan 8 1938

I last saw h[illegible] alive on Jan 8 1938. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Vascular disease of heart)	1936
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
No If so, specify ...

(Signed) John E. D. Compher M. D.

(Address) 639 N. Carey St

42731 F 42731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Scott Washington

If U. S. Veteran specify WAR

(a) Residence: No. 329 East 22nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Washington

6. DATE OF BIRTH (month, day, year) Feb 22-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10	16/4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Amzey Reese

(Address) 1806 S Capitol St & W Wash DC

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Jan 10 1938

19. UNDERTAKER Archibald C. Gaddis

(Address) 2101 McCulloh St

[illegible] 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described here, held an autopsy and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy found that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of chest	Jan 6 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Jan 6 1938

Where did injury occur? 329 E 22nd St Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home and industry

Manner of injury Was shot by 38 steel bullet at work

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 50 [illegible]

42732 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42732

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1 Ward)

Registered No. 943

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Petruneski

(a) Residence: No. 1102 S. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Petruneski

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper works

10. Date deceased last worked at this occupation (month and year) 1-22

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jack Petruneski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Petruneski

(Address) 1102 S Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dougherty Date 1/11/38 19

19. UNDERTAKER J. Wilde Sons

(Address) 2811 Ed

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1938

22. I HEREBY CERTIFY, That I last (before of the remains described) above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Thrombosis	Jan 8, 38
Cardiac infarct	

Other contributory causes of importance: Edema of Conjunction Edema of all extremities

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward H Mohr Coroner, M. D.

(Address) 331 S. Monroe St

V S 6 1938

Willie P. Dorsey

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42733 F 42733

CERTIFICATE OF DEATH 27770--CM 95-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts., St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Penetton

2. FULL NAME Willie Dorsey — If U. S. Veteran specify WAR

(a) Residence: No. 1314 Orleans St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race B | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Joseph (D)

7. DATE OF BIRTH (month, day, year) 4-4-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Vine ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Baltimore City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Jan 11 38

19. UNDERTAKER H. C. Wilson
(Address) 1101 Pennsylvania Ave

20. FILED 19 Registrar.

JAN 12 1938 Arrington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10/25/37 . 19 , to 1/2/38 . 19

I last saw her alive on 1/2/38 . 19 . Death is said to have occurred on the date stated above, at 11.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to arteriosclerosis	Unknown
Other contributory causes of importance:	
Hypertensive Cardio - Vas. Disease	
Generalized arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. W. Sandtle M. D.

(Address) Baltimore City Hospitals

12734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42734

CERTIFICATE OF DEATH

47-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Wildberger

(a) Residence: No. 3172 Orleans Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Louisa Wildberger

6. DATE OF BIRTH (month, day, year) 7-10-72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Wildberger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louisa Wagel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Daughter Mrs.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Jan. 11 38

19. UNDERTAKER Fredk Eggalmo Sons
(Address) 3401 Eutaw Road

20. FILED ..... 19.....

Registrar

JAN 10 1938

Hamilton-Town Funeral Home

D-EHC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Jan 9 1938

I last saw him alive on Jan 9 1938. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar

Date of onset

Other contributory causes of importance:

Coronary Thrombosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Charles H. Jones M. D.

(Address)

M. D. H. 1268-9

42735 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 42735

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip J. Milchling

(a) Residence: No. 2012 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Nov. 21, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Conrad Milchling

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Margaret Spell

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mr. Milchling,
(Address) 2012 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date Jan. 10 1938

19. UNDERTAKER Frederick Loeschner
(Address) 7401 Belair Road

19 Registrar.

JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of Right Femur

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/30/ 1937

Where did injury occur? 2012 Belair Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not Applicable

Manner of injury Slipped & fell in room

Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Kann Coroner M. D.

(Address) 1215 Hanover

F 42736

HEALTH DEPARTMENT—CITY OF BALTIMORE

42736

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH — Baltimore. — Registered No. .....

CITY OF BALTIMORE: (No. 1101 Clendenon St 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Moseley — If U. S. Veteran specify WAR .....

(a) Residence: No. 1101 Clendenon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ferdineand Moseley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Illinea Miller

(Address) 1101 Clendenon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 10 1938

19. UNDERTAKER T. E. Kelson

(Address) 1303 Presstman St

20. FILED 1938 Hurst & Sons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937 to Jan 6, 1938

I last saw h[illegible] alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart Disease - Dilatation	Dec 6
Other contributory causes of importance:	
Arteriosclerosis	Jan 0.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

6

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42737

42737

CERTIFICATE OF DEATH

V 131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Carlton Court ST., 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Basker Jr

(a) RESIDENCE NO. 1119 Carlton Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	A.A.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Basker

7 DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84	84	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER James Basker Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Amanda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Anna Basker

(Address) 1362 Calhoun St

Filed 1938 . 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/6/38

17 I HEREBY CERTIFY, That I attended deceased from 1/4 . 1938 . to 1/6 . 1938 .

that I last saw h[illegible] alive on 1/6 . 1938

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiovascular renal syndrome

Senility (duration) indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

. 19 (Address) 1231 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 1/8 19 38

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

42738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42738

CERTIFICATE OF DEATH

✓ 82-W

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 18-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Zachariah Cheney

(a) Residence: No. 817 Pebble Court Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gov't
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pension
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

FATHER

13. NAME unk
14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Beulah Williams
(Address) 817 Pebble Ct

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 10 1938

19. UNDERTAKER Chas. H. Alexander
(Address) 2554 Madison Ave

20. FILED JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan 6 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. L. Allen Coroner M. D.

(Address) 507 Augusta St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42739 ✓ 59 F 42739

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Matilda E. Johns

If U. S. Veteran specify WAR

(a) Residence: No. 1105 25 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Augustus John

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothea Cussen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address) Edwood & Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 10 1937

19. UNDERTAKER John Churchill Ford

(Address) 1500 Eutaw Place

20. FILED JAN 10 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Jan 7, 1937

I last saw her alive on Jan 7, 1937. Death is said to have occurred on the date stated above, at 7:56 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	

Other contributory causes of importance:

Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles F. Stein, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42740 CERTIFICATE OF DEATH √94-D F 42740

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4415 Norwood Road St. 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME BENSON B. BOSS

(a) Residence: No. 4415 Norwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Trump Boss

6. DATE OF BIRTH (month, day, year) Mch. 14. 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	24 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Allumminum of A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Boss

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B. B. BOSS JR.
(Address) 4415 Norwood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Janyll. 1938

19. UNDERTAKER John O Mitchell Sons
(Address) 1900 Eutaw Place

JAN 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 8.1938

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to January 8th 1938

I last saw h alive on January 1 . 1938. Death is said to have occurred on the date stated above, at 5.00 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick A. Green, M. D.

(Address) 2827 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42741

CERTIFICATE OF DEATH

131 F 42741

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Rogers Ave. St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME THOMAS VINCENT

(a) Residence: No. 3604 Rogers Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hughes

6. DATE OF BIRTH (month, day, year) Sept 3, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. florist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Richard Vincent

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Grace

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Annie Hughes Vincent
(Address) 3604 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jany 11, 1938

19. UNDERTAKER Howard Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED JAN 10 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937 to Jan 8, 1938

I last saw him alive on Jan 8, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & interstitial nephritis	several yrs
Other contributory causes of importance:	
Cystitis	one yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Cannon and Lood M. D.

(Address) 2200 Garrison Boulevard

HEALTH DEPARTMENT—CITY OF BALTIMORE

42742

CERTIFICATE OF DEATH

94-21 42742

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Farmdale ave 5th house east
CITY OF BALTIMORE: (No. Harford and Northern Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William F. Carman

(a) Residence: No. 2669 Edmondson ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Carman

6. DATE OF BIRTH (month, day, year) April 17, 1878.

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	60	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER FATHER

13. NAME Albert Carman

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Sarah Phillips

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mrs Ida V Carman
(Address) 2669 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Jan 11 1938

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson ave

FILED 1938

Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated, at about 4 P.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Mann Lazenby M. D.
Coroner

(Address) 1216 Hanover St

42743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 82-0 F 42743

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Shirey Ave. St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward P. Schaninger,

If U. S. Veteran specify WAR

(a) Residence: No. 2902 Shirey Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie M. Schaninger,

7. DATE OF BIRTH (month, day, year) November 22. 1879

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	17	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electro Type Molder

10. Date deceased last worked at this occupation (month and year) Jan. 4. 1938

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Edward Schaninger,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lillie M. Brown.

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Lillie M. Schaninger,
(Address) 2902 Shirey Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 12 38
Mr H Sitz

19. UNDERTAKER (Address) 2700 Edmondson Ave.

20. FILED JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7. 1938. to Jan 8 1938.

I last saw him alive on Jan 5 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) C. Carl Jennings M. D.

(Address) 4716 Gwynn Oak Ave

1/9/38

42744

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42744

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 Edmondson Ave, St., 16-6 Ward)

Registered No. 07-a

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Albert Lee Meeks

(a) Residence: No. 2742 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Sophia A. Meeks

6. DATE OF BIRTH (month, day, year) July 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Meeks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louise C. Egger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sophia A. Meeks

(Address) 2742 Edmondson

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11, 1938

19. UNDERTAKER Geo H Sittle

(Address) 2700 Edmondson Ave

20. FILED Jan 10 1938 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the person and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 7 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Bayne Heise M. D.
Coroner

(Address) 1210 Fidelity Bldg

56

F 42745

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42745

CERTIFICATE OF DEATH

10-895-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 10 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~XXXXXXXXXXX~~ AMALIE FIEGER

If U. S. Veteran specify WAR

(a) Residence: No. 449 Augusta Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Fieger

6. DATE OF BIRTH (month, day, year) May 4 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0537

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore ~~Germany~~ Md

FATHER

13. NAME William Seidewitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frank G Ulrich
(Address) 3013 Oak Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Jan 12, 38

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED 19 Registrar

JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence obtained by said Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Jan 9
Cardio-vascular hypertension	
Arterio sclerosis	5 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify.

(Signed) Martin Hanna M. D. Coroner

(Address) 1822 W. Baltimore st.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42746

CERTIFICATE OF DEATH

95-B

F 42746

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Clifford

If U. S. Veteran specify WAR .....

(a) Residence: No. 417 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar. 13, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred Clifford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Manella Hughes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sister

(Address) 417 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Park 1/10/38 19

19. UNDERTAKER Wm. George A. Koll Co.

(Address) 103 Druid Hill Ave

Filed 1/10/38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1938 to 1-7- 1938

I last saw h alive on 1-7- 1938 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	
Congestive Heart failure	13 days
-	-

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42747

CERTIFICATE OF DEATH

✓ 92-a F 42747

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Harlem ave 46-3 St., Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jackson

(a) Residence: No. 1616 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Jackson

6. DATE OF BIRTH (month, day, year) Dec. 9, 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Israel Hunt

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lemp known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma Morris

(Address) 1616 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cyrille W. Va. Date 1/11/38

19. UNDERTAKER Mrs. Virgie A. Holland

(Address) 1616 Harlem ave

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8-38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1937 to Jan. 8, 1938

I last saw her alive on Jan. 7, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	3-10-37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George C. Ross M. D.

(Address) 1816 N. Monroe St

42748 B. F. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 42748

CERTIFICATE OF DEATH.

81

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3417 Glen Ave St. 27-19 WARD)

2-FULL NAME David Henry Little

(a) RESIDENCE. No. 3417 Glen Ave ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced HUSBAND of ~~or WIFE~~: Ada F. Coppersmith

6 DATE OF BIRTH (month, day, and year): March 1 1887

7 AGE: Years 50 Months 10 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll County, Md.

PARENTS

10 NAME OF FATHER: Jacob Little

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carrol County Md

12 MAIDEN NAME OF MOTHER: Margaret Daffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 7 1938

17 I HEREBY CERTIFY, That I attended deceased from July 15 1937 to January 7 1938

that I last saw him alive on January 1 1938

and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Amyotrophic Lateral Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C M Bernagett M. D.

1938 (Address) 3455 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Interment (Address) Ada Little (wife) 3417 Glen Ave

15 Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Jan 10th 1938

20 UNDERTAKER: H. Sander Sons Inc

ADDRESS: 1710 Eutaw St

JAN 10 1938

42749

HEALTH DEPARTMENT—CITY OF BALTIMORE

42749

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 10 West Hill St. 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Drutz
If U. S. Veteran specify WAR

(a) Residence: No. 10 West Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 75; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Abrahame
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Esther
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Joseph Drutz
(Address) 10 W. Hill St

18. BURIAL, CREMATION, OR REMOVAL: Herring Run Date 1-18- 37

19. UNDERTAKER: Jack Lewis Inc
(Address) 1429 Eutaw Pl.

20. FILED 19
Registrar.

JAN 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/10 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Jan. 10, 1938
I last saw him alive on Jan. 10, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Other contributory causes of importance: Broncho-pneumonia	48 hours

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.
(Address) 2340 Eutaw Place

42750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42750

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. 210-M Registered No.

CITY OF BALTIMORE: (No.) St., 8-1 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Carl Gore If U. S. Veteran specify WAR

(a) Residence: No. 713 N. Carolina St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merle Gore

6. DATE OF BIRTH (month, day, year) May 29-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Store Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month, day, year) Dec 1937

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (City or town) (State or country) Harford Co. Md

FATHER

13. NAME Alvin G. Gore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lula Todd

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lula Gore

(Address) 6028 Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 1/11/38

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED 19 JAN 10 1938

MEDICAL CERTIFICATE OF DEATH 9.07

21. DATE OF DEATH (month, day, year) Jan-9 , 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract of both femora	12/29
Probable Fatty Embolism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Acc Date of injury 12/29 , 1937

Where did injury occur? York & Edmondson Rds (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto Collided c Safety

Nature of injury Fract

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hubert W. Geyley Asst. M. C. Coroner

(Address) 907 N. Chas

42751 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42751

CERTIFICATE OF DEATH 108 29617 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Dempsey

(a) Residence: No. 636 S. Ponca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George A.

7. DATE OF BIRTH (month, day, year) 3-19-1897

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich.

13. NAME James Baker

14. BIRTHPLACE (city or town) (State or country) Mich

15. MAIDEN NAME Hannah Kelly

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cath-dral Date 1/12/38 19

19. UNDERTAKER George F. Ruth Son
(Address) 1235 Washington Blvd

20. FILED JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938 to January 8, 1938

I last saw her alive on January 8 1938. Death is said to have occurred on the date stated above, at 6 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-25-37
Bacterial endocarditis	12-15-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. A. de Lamater M. D.

(Address) Baltimore City Hospitals

42752

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42752

CERTIFICATE OF DEATH

Registered No. 87 [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 Welcome Alley St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Jonnson

(a) Residence: No. 131 Welcome Alley St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Jonnson

6. DATE OF BIRTH (month, day, year) Aug. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

FATHER

13. NAME Louis Jonnson

14. BIRTHPLACE (City or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Fla

17. INFORMANT Margarette Parker
(Address) 1023 S. Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 1/10/38 19

19. UNDERTAKER David L Brown & Son
(Address) 1050 Montgomery St

JAN 10 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, said to me (because and) from the evidence obtained by me (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cereoral Hemorrnage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 2747 Kloman

S 6

42753

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42753

CERTIFICATE OF DEATH

Registered No. 17-234

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wells (29441) If U. S. Veteran specify WAR

(a) Residence: No. 627 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corrine

6. DATE OF BIRTH (month, day, year) Feb. 1, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Melvania

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Jan 11 1938

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED 19 Signature

JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1937 to January 7, 1938

I last saw h... in alive on January 7, 1938 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

42754 F 42754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 E. 31st St. St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wallace

If U. S. Veteran specify WAR

(a) Residence: No. 2019 E. 31st St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jeanie Wallace

7. DATE OF BIRTH (month, day, year) February 27, 1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Man Advertising Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cross & Blackwell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalkeith Scotland

13. NAME John Wallace

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Brown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. John Brown Wallace
(Address) 2019 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date Jan. 11 '38

19. UNDERTAKER Wm. [illegible] Sons
(Address) [illegible]

20. FILED [illegible] Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1937, to ....., 19....

I last saw h[illegible] alive on Jan 8th, 1938. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Adam Tod, M. D.

(Address) 4616 Eastern Ave

42735 F 42735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Granada Avenue St. 15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Alverta Lattier

(a) Residence: No. 4215 Granada Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of John Lattier

6. DATE OF BIRTH (month, day, year) March 22nd 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) New Market, Md.

13. NAME George H.L. Melking

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary A. Killian

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George F. Lattier
(Address) 4215 Granada Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan 10th 38

19. UNDERTAKER J. J. Dickney & Sons
(Address) 2 Pa Ave

20. FILED ..... 19 ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1937 to Jan 6 1938

I last saw h[illegible] alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1914 July
Arteriosclerosis	1914

Other contributory causes of importance:

Was an operation performed? Not Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify .....

(Signed) C. G. Lockard, M. D.

(Address) 4409 Pacific Ave

2756 ✓ F 42756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Chase St. 27-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 2 92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 6 1940

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Albert Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos Butler

(Address) 832 Harrison

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/10 1941

19. UNDERTAKER Isaac L. Brown Son

(Address) 1050 W Baltimore St

0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1941

22. I HEREBY CERTIFY, That I attended deceased from June 2 1941 to June 6 1941

I last saw him alive on June 6 1941 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance

Toxemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was case diagnosed before death?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. E. Templeton M. D.

(Address) 501 S Rankin St

✓ F 42757

42757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital of America Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2 FULL NAME Baby Boy Harman.

If U.S. Veteran specify WAR

(a) Residence: No. 1117 N. [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 9. 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2½

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Wm. Karl Harman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

15. MAIDEN NAME Helen Wally

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL JAN 10 1938

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Jan 9, 1938

I last saw him alive on Jan 9, 1938 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1/9/38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard M. Hammond M. D.

(Address) 716 N. Lexington St.
Vol. of America Hosp

1943 17

✓ F 42758

2758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Myrtle Av St. 17-3 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emory Thomas

(a) Residence: No. 1120 Myrtle Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Airy Thomas

6. DATE OF BIRTH (month, day, year) 1/6/74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Airy Thomas

(Address) 1120 Myrtle Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1-11-38 19

19. UNDERTAKER Geo U. Holland

(Address) 1631 Mad Ave

20. FILED ..... 19..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1938 to 1/7, 1938

I last saw HIM alive on 1/6, 1938 Death is said to have occurred on the date stated above, at 12:30 Cm. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1/2/38

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) ..... M. D.

(Address) 1500 E. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

42759

CERTIFICATE OF DEATH

X108

F 42759

Registered No.

1. PLACE OF DEATH If in Hospital give NAME instead of street and number) Baltimore General Hospital. St., 10-6 Ward)

CITY OF BALTIMORE: (No.) St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Wagner.

(a) Residence: No. 12 Cook Lane St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8. 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto-

13. NAME Raymond Wagner

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Wood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Raymond Wagner Glen Bernie, Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/10 38

19. UNDERTAKER Vernon Lemmon (Address) Glen Burnie Md.

JAN 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 8. 1938 to January 10. 1938

I last saw him alive on January 10. 1938 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary atelectasis

Secondary pneumonia

Date of onset Jan 8/38

over

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilson Lemmon M. D.

(Address) WBJA

F 42760

2760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Turner

(a) Residence: No. Odenton Maryland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Turner

7. DATE OF BIRTH (month, day, year) April 12 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40 years	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R. 007

10. Date deceased last worked at this occupation (month and year) Jan. 3, 1938

11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Odenton, Md

13. NAME John W. Turner Sr.

14. BIRTHPLACE (city or town) (State or country) Prince George Md

15. MAIDEN NAME Nettie Jones

16. BIRTHPLACE (city or town) (State or country) A. A. Co Maryland

17. INFORMANT Carrie Turner

(Address) Odenton Md

18. BURIAL, CREMATION, OR REMOVAL Nichols Memorial Date 1/8 1938

19. UNDERTAKER William Cook

(Address) 217 S. Paca Street

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1938 to January 10, 1938

I last saw him alive on Jan 10, 1938 Death is said to have occurred on the date stated above, at 2.55 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Jan 3, 1938

Pericarditis (Rheumatic) — Jan 8, 1938

Other contributory causes of importance:

Resp. & Cardiac failure

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Sputum & X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

F 42761

42761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 1-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Frank Bowser.

(a) Residence: No. 6 S. Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bowser

6. DATE OF BIRTH (month, day, year) Dec 31 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waste Paper dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Samuel Bowser
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Fanny Hodges
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT S. J. Bowser
(Address) 641 S. 25 St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 11 38

19. UNDERTAKER John A. Wagner
(Address) 3000 E. Baltimore St.

20. FILED Jan 10 1938 Registrar
SC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1938.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Autopsy find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-6-38

Other contributory causes of importance: Hypertension Arteriosclerosis Renal disease

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel A. Wolfe Coroner, M. D.
(Address) 131 Chancellor

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2849 Chesterfield ave St., 27th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie G. McDonough

(a) Residence: No. 2849 Chesterfield ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov. 18, 1881

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	21/30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 3 mo | 11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm. J. McDonough

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Agnes O'Malley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Mc Donough
(Address) 2849 Chesterfield ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 12 38

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

1938 Jan 12 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1933 to Jan. 8, 1938

I last saw h[illegible] alive on Jan. 6, 1938 Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	1925
C. V. C. generalized arteriosclerosis	4 mo.
Chr. interstitial nephritis	1933
Other contributory causes of importance: Car. arrhythmia	1924

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify .....

(Signed) [illegible] M. D.

(Address) 3034 E. Baltimore St.

33946 42763

HEALTH DEPARTMENT—CITY OF BALTIMORE

42763

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 26-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Semenkow

If U. S. Veteran specify WAR

(a) Residence: No. 6427 Holabird ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

7. DATE OF BIRTH (month, day, year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Elias Lacharkiw

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Margaret Durdella

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem Date Jan 11 1938

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 403 E. Wolfe St.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 8 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 6 1938 to JAN 8 1938

I last saw her alive on JAN 8 1938. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 6, 38

Other contributory causes of importance:

Hypertension	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Pearce Hemenway M. D.

(Address) Johns Hopkins Hosp.

✓ F 42764

42764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2337 Annapolis Rd (St.) 25-3 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia D'Alle

(a) Residence: No. 2337 Annapolis Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Dalle

6. DATE OF BIRTH (month, day, year) August 12-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	76	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York City

13. NAME Phillip Heyb

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Fenter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Smith
(Address) 2337 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 11 1938

19. UNDERTAKER M J Sullivan
(Address) 1600 Pennsylvania Ave

D 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1937 to Jan 8 1938

I last saw h[illegible] alive on Jan 8 1938. Death is said to have occurred on the date stated above, at 9:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-38
Cholecystitis	12-16-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If yes, specify .....

(Signed) Edward J Mulan M. D.

(Address) 682 Washington Blvd

F 42765

42765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen. Hosp St. 9-13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Mary A. Garey

(a) Residence: No. 1539 Ramsey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Garey

6. DATE OF BIRTH (month, day, year) March 26 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51 50	9	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Watts

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Almeda Martin

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Jan. 13 1938

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1937 to Jan 10 1938

I last saw her alive on Jan. 4 1938. Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Chronic glomerulo Nephritis.	
Hypertensive heart Disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? H. & Urine Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Lewis M. D.

(Address) 1 W 39 St

F 42766

42766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 92-a

CITY OF BALTIMORE: (No. Bay View St. 7-4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dora Sedley

(a) Residence: No. 1182 Hanlico Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced ~~HUSBAND of~~ WIFE of John P. Sedley

6. DATE OF BIRTH (month, day, year) Nov. 28-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sebastian Mertz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Siegfris

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lillian Seitz (daughter)

(Address) 1169 Hanlick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan 12 1938

19. UNDERTAKER A. Raymond Evans

(Address) 1400 Gorsuch Ave

Filed Jan 19 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Thrombosis	day
Other contributory causes of importance: Heart disease, Arterio-sclerosis, Valvular	1 yr.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner, M. D.

(Address) 1717 E. Baltimore St

S 6

F A2767

2767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Lakeview ave St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Schwartz

(a) Residence: No. 2424 Lakeview ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

7. DATE OF BIRTH (month, day, year): 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (0)37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Morris Block

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Hannah —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Schwartz

(Address) 2424 Lakeview ave

18. BURIAL, CREMATION, OR REMOVAL: Windsor Mills Road Jun 11 1938

Place

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-26 W North ave

20. FILED 19 Registrar.

1938 6 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933 to Jan. 10, 1938.

I last saw h— alive on Jan. 8, 1938. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Senility	about 4 yrs. ago.

Other contributory causes of importance: Myocardial failure. Cardiac Dec. 1-10, 38.

Was an operation performed? No Date of —

For what disease or injury?

Name of operation none.

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Nathan H. Shapiro M. D.

(Address) 2351 Eutaw Place

F 42768

42768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Bell St 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lessie Buhrman

(a) Residence: No. 1215 Riverside Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Buhrman

6. DATE OF BIRTH (month, day, year): May 7 1871

7. AGE: Years 67; Months 8; Days 13; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bulls Md

13. NAME OF FATHER: Augustus Engelman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Chas A Stevens

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Baltimore Date Jan 13 1938

19. UNDERTAKER: Chas. A. Stevens & Son

(Address) 1501 E. Fort Ave

Filed JAN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Jan 38

last saw her alive on Jan. 6 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiac
Venous Stasis
Diabetes Mellitus
Hypertension

Date of onset: 2 / 2 / - /

Other contributory causes of importance:

Angina Pectoris

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Hobbs M. D.

(Address) 1025 Font Ave

M. D. H. 1268-0

F 42769

42769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Tunbridge Rd St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 1 mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Solomon Maurice Brookhart

(a) Residence: No. Forest Hill Road St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brookhart

6. DATE OF BIRTH (month, day, year) May 12 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General carpenter work

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Rutledge Harford Co Md

FATHER

13. NAME George E. Brookhart

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Maurie E Cochran

16. BIRTHPLACE (city or town) (State or country) Rutledge Harford Co Md

17. INFORMANT Wm Brookhart
(Address) 635 Tunbridge Rd Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Jan 12 19 38

19. UNDERTAKER E. G. Kentz Son
(Address) Catonsville Md.

20. FILED 11 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1938 to Jan. 10 1938
I last saw him alive on Jan. 10 1938 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Endocarditis	
Other contributory causes of importance:	
Cancer of intestines	7 months ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Mark A Benson, M. D.

(Address) 5111 York Rd.

Frances Inger

HEALTH DEPARTMENT—CITY OF BALTIMORE 42770

42770

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt Gen. Hosp. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frances Lager

(a) Residence: No. 1319 S Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Lager

6. DATE OF BIRTH (month, day, year) May 13, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME James F. Grimes

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME ~~Frances Grimes~~ Addie Dorsett

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT (Address) Harry F. Lager 1319 Hanover St

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date Jan 5th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED JAN 11 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938, to Jan 9, 1938

Last saw her alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

Cardio - vascular renal disease with Myocardial failure.
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Hypertensive heart disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Blood Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Melton Sims, M. D.

(Address) W Balto

F 42771

42771 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 N. Calvert St. 12-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Isabelle Wagner If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2408 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): June 15th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	64	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: C. Henry Wagner

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Roanna Straton

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Robt. A. Wagner

(Address): 2408 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 11th 1938

19. UNDERTAKER: Wm Cook

(Address): 1217 St. Paul St

20. FILED 19 By Registrar.

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1937 to Jan 9th, 1938

That saw h alive on Jan 9th, 1938 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 1937
Hypostatic Pulmonary Congestion	Jan 1938

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Haviland M. D.

(Address) 300 N. Calvert St

F 42772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42772

CERTIFICATE OF DEATH

95-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N. Washington St) Ward 18-6

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Walter J. Frey

(a) Residence: No. 1723 N. Washington (Usual place of abode) Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Rebecca E. Frey

6. DATE OF BIRTH (month, day, year) Mar 18-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob R. Frey

14. BIRTHPLACE (city or town) (State or country) Glen Rock Penna

15. MAIDEN NAME Theresa D. Var

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Rebecca E. Frey

(Address) 1723 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1/12 1938

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

20. FILED JAN 11 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1937 to Jan 10 1938

I last saw him alive on Jan 7 1938 Death is said to have occurred on the date stated above, at 2:02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Jan 10
Arteriosclerosis	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 1126 N. North Ave

M. D. P. 1268-9

42773 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 42773

CERTIFICATE OF DEATH

Registered No. V 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hospital Wilkens & Edmondson St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. Simon Bruner — No War Record
(a) Residence: No. 1331 Mount Royal Ave. St., 3rd floor Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Frances H. Bruner

6. DATE OF BIRTH (month, day, year) Dec 8th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Bruner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Anna Haas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances H. Bruner
(Address) 1331 Mt. Royal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Jan 6th, 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

FILED JAN 11 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1938, to January 11, 1938

I last saw him alive on January 10, 1938. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
Bronchopneumonia	1-6-38
Acute Myocardial Failure	
Acute Decompensation	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumaker M. D.
(Address) St. Agnes Hospital

F 42774

42774 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1-159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 2025 W. Fayette Ward) 701

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby (Girl) Fitzsimmons

If U.S. Veteran specify WAR

(a) Residence: No. Taylor Ave Woodensville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1-9-38

8. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Baby Fitzsimmons

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Constance Hoover

16. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

INFORMANT (Address) Hosp. Records

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/11/38

UNDERTAKER (Address) Harry Rubick 1101 Edmondson Ave

FILED 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 1938 to 1/8, 1938

I last saw her alive on 1/8, 1938 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

Premature

Respiratory Failure

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Wasely, M. D.

(Address) Bon Secours Hosp

Grace T. Davis

42775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42775

CERTIFICATE OF DEATH

V107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.....St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No.....St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day,....hrs. or....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER Harry A. Cuppett
(Address)

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1938 to Jan 8 . 1938

last saw h.. alive on Jan 7 . 1938. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Broncho pneumonia	Jan 5.
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) M Bowman Lord, M. D.

(Address) 2200 Garrison Blvd

11 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42776 F 42776

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 715 W. Lanvale St., 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Jacob Burney

(a) Residence: No. 715 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Burney

7. DATE OF BIRTH (month, day, year): June 10 1853

8. AGE: Years 85 | Months 6 | Days 28 | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month, day, year): Not Obtain

11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (city or town) (State or country): Georgia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT Bertha Cosby
(Address) 715 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem Date Jan 11, 1938

19. UNDERTAKER Thomas E. Watson & Son
(Address) 1303 Druid Park Ave

JAN 11 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 8, 1938
I last saw him alive on Jan 8, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The prinripal cause of death and related causes of importance were as follows:

Date of onset

(a) Cerebral Hemorrhage — Jan 1-38
Contributory Nephritis
Uremia

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, ...

(Signed) Charles J. Wentz M. D.
(Address) 264 Hanlon Ave

M. D. F 1268-9

F 42777

42777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Jenkins Memorial Hospt

CITY OF BALTIMORE: (No. 1000 Eaton Ave St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Ellen Eckenrode

(a) Residence: No. Jenkins Memorial Hospt Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent L Eckenrode

6. DATE OF BIRTH (month, day, year) July 31. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	7 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

13. NAME Vincent L Eby

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

15. MAIDEN NAME Agnes Arndorf

16. BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

17. INFORMANT Jenkins Mem. Hospt.

(Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL Loudenslager Date 1/14/38

19. UNDERTAKER Wilson & Son

(Address) 1217 E Fayette St

1/11 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937 to Jan 10 1938

I last saw her alive on Jan. 10 1938 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease & Degenerative Myocarditis	?
Other contributory causes of importance: Chronic Arthritis	?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Shymanek M. D.

(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

42778

CERTIFICATE OF DEATH

1939 F 42778

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Barrington Rd. Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Meyer Engelman

(a) Residence: No. 3901 Barrington St. Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Sarah

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Kiev Engelman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Mary Goodman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Benjamin Engelman

(Address) 3901 Barrington Rd.

18. BURIAL, CREMATION, OR REMOVAL: 1-11-38

Place: Lutheran Date 19

19. UNDERTAKER: Jack Lewis Sons

(Address) 1439 E. Baltimore St.

1-11-1938 Amended for Final certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to Jan. 11, 1938

I last saw him alive on Jan. 1, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset 7

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor D. Levy M. D.

(Address) 2324 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42779 — CERTIFICATE OF DEATH — V131 — F 42779

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Belmont Ave St., 6-7 Ward)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Mills

If U. S. Veteran specify WAR

(a) Residence: No. 3127 Belmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Wm E. O. Mills.

6. DATE OF BIRTH (month, day, year) Sept. 18, 1854

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edw Smith

14. BIRTHPLACE (city or town) (State or country) Petersburg Virginia

15. MAIDEN NAME Virginia Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. R. Bernard Campe

(Address) 3127 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11 1938

19. UNDERTAKER Wm Heckrotte & Son

(Address) North Ave

Registered No. 6

FILED JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/4/38, 19..., to 1/9/38, 19...

I last saw h... alive on 1/9/38, 19... Death is said to have occurred on the date stated above, at 10.15a

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cardio Vascular
Renal Disease
Eczema

Date of onset

Other contributory causes of importance:

Senility

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D. Bayne M. D.

(Address) 3045 W North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42780 F 42780

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 500 Westgate Rd. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert F. Stevens Sr

(a) Residence: No. 500 Westgate Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Bessie Stevens

6. DATE OF BIRTH (month, day, year): May 13, 1867

7. AGE: Years 70 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Painter Boat
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Retired
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Francis A. Stevens
14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER
15. MAIDEN NAME: Sophie Hardesty
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mr. Albert F. Stevens Jr. 507 Westgate Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Park Cem. Date: Jan. 13, 1938

19. UNDERTAKER (Address): H. Wightman Sons North & Pa Aves.

JAN 11 1938 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
hereby find that said deceased came to (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day

Other contributory causes of importance: no

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Hanna Coroner M. D.

(Address) 820 W Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE F 42781

F 42781

CERTIFICATE OF DEATH

V 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 W Lanvale St. 11-2 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gay Bernard Fenwick

If U. S. Veteran specify WAR .....

(a) Residence: No. 118 W Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Late Henry A. Fenwick

6. DATE OF BIRTH (month, day, year) Aug 18th 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Charles Tiernan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Gay Bernard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT G B Fenwick

(Address) Glyndon Md

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan 12th 1938

19. UNDERTAKER Henry Hendricks & Son Inc

(Address) Oxford & Ho. Calloway

20. FILED ... 19... Registrar.

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1937 to Jan 10th 1938.

I last saw h~~e~~r alive on Jan 6th 1938. Death is said to have occurred on the date stated above, at 9:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Dec 16 1937
Senile Dementia (abruptio)	

Other contributory causes of importance: age

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify .....

(Signed) J. A. Chaland M. D.

(Address) 300 N Calvert St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42782 — CERTIFICATE OF DEATH — F 42782

Registered No. ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E Lombard St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Greene Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1505 E Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 29-1937

7. AGE: Years 0 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Frank Greene Sr

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Taylor

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Frank Greene Sr

(Address): 1505 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place: Post Calvary Cem Date: Jan 12 1938

19. UNDERTAKER: Robert W Williams

(Address): 1515 McElderry St

JAN 11 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema — Date of onset Jan 10 1938

Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Autopsy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S Allen M. D.

(Address) 50 E Eutaw St Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42783 ✓ 131 F 42783

F 42783

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2924 Wyman Parkway St., 19 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August G. Sandman

If U. S. Veteran specify WAR

(a) Residence: No. 2924 Wyman Pkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara W. Sandman

6b. DATE OF BIRTH (month, day, year): Oct 19-1862

7. AGE: Years 75 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Asst Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Motive Power

10. Date deceased last worked at this occupation (month and year): 3+6 / 15 ?

11. Total time (years) employed in this occupation: 13

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Bernard Sandman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Theresa Wenke

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Alice Sandman

(Address) 2924 Wyman Parkway

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem Date 1/12/38 19

19. UNDERTAKER: Chas F. Gruels Son

(Address) 118 W. Mt Royal Ave

Registrar.

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9/38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937 to Jan. 9 1938

I last saw h[illegible] alive on Jan 9 1938 Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dec 15, 1937	
Cer. Cardiac Hypertrophy	
Other contributory causes of importance: Intestinal Nephritis	12-15-37
Uremia.	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George E Grace M. D.

(Address) 2818 W 25th St.

LACINDA EMORY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42784

CERTIFICATE OF DEATH

F 42784

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Eulaw St. Ward 10-a)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laeunda Emory

(a) Residence: No. 723 Eulaw St., Ward.

(usual place of abode) (If non-resident give city or town and State)

☐ U.S. Veteran
specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Emory

DATE OF BIRTH (month, day, year) 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 70			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Sarah Emory

(Address) 723 N. Eulaw St.

BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Cem Date Jan 11, 1938

UNDERTAKER A. Adolphus Hartsfield

(Address) 1118 Druid Hill Ave

Jan 11 1938 [illegible] Registrar

0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/8/1938, 19 to 1/10/1938, 19

I last saw h[illegible] alive on 1/8/1938, 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 1/8/38 Date of onset

Nes

Other contributory causes of importance

Infirmities of age

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Lee Ellegood, M. D.

(Address) 524 North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42785

CERTIFICATE OF DEATH

F 42785

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. [illegible]
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 17-2 Ward)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alberta Reese

(a) Residence: No. 1310 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jerry Reese

6. DATE OF BIRTH (month, day, year) Oct. 25-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nicholas Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. Sherwood

(Address) Orchard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 12 1938

19. UNDERTAKER P. J. Deshmuth Hatter & Sons Reliance

(Address) [illegible]

Filed JAN 11 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	[illegible] time

Other contributory causes of importance: Ascites

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
(Attending)

(Address) 1712 N. Broadway

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 42786

42786

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 W. Fayette St. St. 20-W Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Myers

(a) Residence: No. 2231 W. Fayette St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Myers

6. DATE OF BIRTH (month, day, year) July 21 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Augustas Duckett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William R. Myers Jr.
(Address) 2231 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 1/13 1938

19. UNDERTAKER J. Fen M. Cully
(Address) 130 E. Fott Ave.

20. FILED ..... 19..... Registrar.

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936 to Jan 9, 1938

I last saw her alive on Jan 8, 1938. Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary Disease (Occlusion)	1-6-38

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward F. Nolan, M. D.

(Address) 682 Washington Blvd

Elisha J. Taylor

42787 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 42787

CERTIFICATE OF DEATH

VR 23

Registered No.....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17-6 Ward)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elisha J. Taylor

(a) Residence: No. ..... St., ... Ward. 204 Princess St. Wilmington, N.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) March 24, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

FATHER

13. NAME Elisha J. Taylor

14. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

MOTHER

15. MAIDEN NAME Elizabeth Hill

16. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden Date Jan. 11, 1938

19. UNDERTAKER E. Leroy Stuffler, Inc.
(Address) 125 E. North Ave.

20. FILED JAN 11 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to January 9, 1938

I last saw him alive on January 9, 1938 Death is said to have occurred on the date stated above, at 10:03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	Sept. 1934

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X. R. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) I. B. H. a deceased M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HLW/6

Ka. Machine - Falls Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

42788

CERTIFICATE OF DEATH

F 42788

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Sabina Ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura V. Hollenshade

(a) Residence: No. 1211 Sabina Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie E. Hollenshade

6. DATE OF BIRTH (month, day, year) Feb 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66.		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Henry Palmer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Susan Freland

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Harry E. Hollenshade

(Address) 3821 Echodale Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Freland md Date Jan 13. 1938

19. UNDERTAKER Chenoweth & Son

(Address) 3615 Old Frederick Ave

20. FILED ..... 19..... Registrar.

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1937 to Jan. 10, 1938

I last saw her alive on Jan. 10, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	4/10/38
Pulmonary Edema	

Other contributory causes of importance:

Hypertonitis, Chronic Bronchial Asthma

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank Hamilton, M. D.

(Address) 4037 Falls Road

42789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 42789

CERTIFICATE OF DEATH

29058--RHW

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 13-65 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edmonia Drawdy

(a) Residence: No. 806 W. 34th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Drawdy.

6. DATE OF BIRTH (month, day, year) 7/4/1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William Hoodless

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hampden. Jan. 12 38

19. UNDERTAKER Chenoweth & Son.
(Address) 3615-17 Chestnut Ave,

20. FILED ..... 19.....

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1937, to 1-10, 1938.

I last saw her alive on 1-10, 1938. Death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right breast with metastasis	unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) L.K. Woodward M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

42790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42790

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Mrs.~~ ~~Isaac~~ Lee Yow Low or Chin Moon Gow No War Service

(a) Residence: No. 1114 W. 36th Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
M.	Yellow	Married

5a. If married, widowed, or divorced ~~Husband of~~ WIFE of Ching Hay Gow

6. DATE OF BIRTH (month, day, year) Abt 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	abt 58	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco California

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Chinese Association

(Address) 312 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Jan 11/38 19

19. UNDERTAKER Steward & Brown Company

(Address) 103 W. North Avenue

FILED JAN 11 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-8-38 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24-37 19 to 1-8-38 19

I last saw h~~im~~ alive on 1-8-38 19 Death is said to have occurred on the date stated above, at 8P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	1-4-38
Other contributory causes of importance:	
Senility	7
Pellagra	
Carcinoma of Oesophagus	D

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Lee M. D.

(Address) Franklin Sq Hospital

F 42791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 57 yrs. 5 mos. 23 ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Co- Grubb

(a) Residence: No. 1127 Longwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 7-18-80

AGE. Years	Months	Days 42	If LESS than 1 day, hrs. or min.
57	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Alfred Grubb

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Catherine Urner

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Newport Pa Date Jan 12 1938

Place

19. UNDERTAKER Gordon Low (Honduras) (Address) 27 E Pratt St

20. FILED 1 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC-18, 1937 to JAN-10, 1938

I last saw him alive on JAN 10, 1938 Death is said to have occurred on the date stated above, at 6 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1/10/38
Thrombo-phlebitis	12/18/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 22 1937

For what disease or injury? Prostatic hypertrophy

Name of operation Transurethral resection

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl E. Burkland M. D.

(Address) Johns Hopkins Hosp

2732

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42792

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Wolfe St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Belle Gibson

(a) Residence: No. 818 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis Gibson

6. DATE OF BIRTH (month, day, year) July 9 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5-9	5	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME A. Carey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lewis Gibson

(Address) 818 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Em Date 1/11 19 38

19. UNDERTAKER Rayne Sanders

(Address) 1413 E. Preston St

20. FILED 19 Registrar.

JAN 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-22- 1937 to 1-8- 1938

I last saw her alive on 1-7- 1938. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	12-22-38
Other contributory causes of importance: Hypertension	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Corgin M. D.

(Address) 611 N. Carey

M. D. F. 1268-9

✓ F 42793

42793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St. 21-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hussey

(a) Residence: No. 1204 Bayard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Hussey

6. DATE OF BIRTH (month, day, year) Aug 4-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Inez Sadie Smith

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sadie Smith

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md

17. INFORMANT Thomas E. Hussey (Address) 1204 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Jan 14 1938

19. UNDERTAKER John C. Miller Inc (Address) 2435 E. Oliver Street

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-38 . 19 . to 1-11-38 . 19

I last saw h alive on 1-11-38 . 19 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Peritonitis	1-10-38
	acute

Other contributory causes of importance: Chronic pelvic inflammatory disease left tubo ovarian abscess 8 years

Name of operation Laparotomy Date of 1-11-38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Worf M. D.

(Address) Franklin Sq Hosp.

2794 ✓ 42794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hosp. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Kurtz

(a) Residence: No. 703 West 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sillie Priest

6. DATE OF BIRTH (month, day, year) March 14 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman - Book -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME William H. Kurtz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Sood

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mrs. M. J. Rogers

(Address) 703 W. 33rd St. Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pilgrim Date 1-13- 1938

19. UNDERTAKER John C. Miller Inc.

(Address) 1435 E. Oliver St.

20. FILED ..... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938 to January 11, 1938

I last saw him alive on Jan 11, 1938 Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Cancer)	1935
Other contributory causes of importance: Metastasis of Carcinoma to lungs	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Hugh C. Hagerty M. D.

(Address) Church Home & Infirmary

42795

HEALTH DEPARTMENT—CITY OF BALTIMORE

42795

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Abbott St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 56 yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Killian

If U. S. Veteran specify WAR .....

(a) Residence: No. 1619 Abbott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Killian

6b. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME OF FATHER Gaelan Killian

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME OF MOTHER Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John F. Killian (Address) 1619 Abbott St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 13 38

19. UNDERTAKER Frank Grady & Son (Address) 906 Edmondson Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to Jan 10 1938

That saw her alive on Jan 10 1938 and that death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Rheumatic)	
Other contributory causes of importance:	
Acute Cardiac Decompensation	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) John F. Killian M. D.

(Address) 906 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

42796 E

42796

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Parkwood St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Johanna Werner

If U. S. Veteran specify WAR

(a) Residence: No. 4200 Parkwood Dr. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Werner

7. DATE OF BIRTH (month, day, year) May 17, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Frank Resch

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Charles Werner
(Address) 4200 Parkwood a

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 12 38

19. UNDERTAKER Frank Leach Son
(Address) 1906 Eutaw a

20. FILED JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 37 to Jan 8 38

I last saw h[illegible] alive on Jan 8 1938. Death is said to have occurred on the date stated above, at 11.45 P.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Heart Trouble — Date of onset 1/6/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Rysavy, M. D.
(Address) 501 a Fremont

F 42797

42797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. 21-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Scott Street St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME ANDREW J. SAFFRAN

(a) Residence: No. 413 Scott Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 12, 1936

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph M Saffran

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary A. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Joseph M. Saffran
(Address) 413 Scott Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 12/38

19. UNDERTAKER C. D. Stuppel & Son
(Address) 830 Eutaw Place

20. FILED Jan 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3-38 to 1/9/38 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 2 0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/8/38
Grippe	1/3/38

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard Dorn M. D.
(Address) 1 W. Mt. Vernon Pl.

C H

42798 HEALTH DEPARTMENT—CITY OF BALTIMORE 42798

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Annapolis Ave Ward) Registered No. 25-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Mary Scott If U. S. Veteran specify WAR

(a) Residence: No. 2686 Annapolis Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	4 3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillie Caswell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Agnes Dodd

(Address) 2606 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lee Date Jan 13, 1938

19. UNDERTAKER Joseph P. Lordy

(Address) 4093 Mount St

20. FILED 19 Registrar

JAN 11 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchopneumonia

Influenza

Date of onset Jan 8 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Cullen M. D.

Coroner

(Address) 20 E Lexington St

2799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42799

29496

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 26-9 174-a Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Otto Waechter

If U. S. Veteran specify WAR

(a) Residence: No. 727 Grundy St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced
BUSHAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 9-30-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Jan 12 1938

19. UNDERTAKER Tilly & Schlenker
(Address) 4005 Harford

20. FILED ... 19... ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1937 to January 9, 1938.

I last saw him alive on January 9, 1938. Death is said to have occurred on the date stated above, at 5:37 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-5-38

Other contributory causes of importance: Pneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. DeSantis M. D.

(Address) Baltimore City Hospitals

2800 HEALTH DEPARTMENT—CITY OF BALTIMORE 2800

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 St. Joseph's Hospital St., 26-11 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Preller

(a) Residence: No. 3306 Schuck St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRY W. PRELLER

DATE OF BIRTH (month, day, year) AUG. 25-1898

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) WYALUSING PENNA.

13. NAME ARCHIA CAMPELI

14. BIRTHPLACE (city or town) (State or country) SCOTLAND

15. MAIDEN NAME LEBERTO VANDERPOOL

16. BIRTHPLACE (city or town) (State or country) WYALUSING PENN.

17. INFORMANT HENRY W. PRELLER (HUSBAND)
(Address) 3306 SCHUCK ST.

18. BURIAL, CREMATION, OR REMOVAL Place SACRED HEART CE Date JAN. 13 1938

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 E. WOLFE ST.

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1938 to Jan. 9, 1938

I last saw her alive on Jan. 9, 1938 Death is said to have occurred on the date stated above, at 2 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Rt. Lower Lobe	1-1-38
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Richman, M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

2801 F 42801

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Bryan

(a) Residence: No. Bell Grove Road St., ... Ward. Anne Arundel Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence Bryan

6. DATE OF BIRTH (month, day, year) May 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Wm. Bryan

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Justinia Hubbard

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Florena Bryan
(Address) Bellegrove Rd

18. BURIAL, CREMATION, OR REMOVAL.
Place Cedarhill Cem. Date Jan. 13 1938

19. UNDERTAKER Margaret J. Flynn
(Address) 1417 Light St

20. FILED JAN 11 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1938

22. I HEREBY CERTIFY, That I attended deceased (from Jan 2, 1938, to January 11, 1938

I last saw h.i.m. alive on Jan 10, 1938 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	12-5-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. L. Ewald Jr. M. D.

(Address) Md. Gen'l. Hosp.

F 42802

42802 3362 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Leathermann

(a) Residence: No. 1118 Haverhill Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 5-16-21

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bessie Herpel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date 1/12 38

19. UNDERTAKER George A. Fahey (Address) Fulton & Fayette St

20. FILED ... (Registrar.)

1938 D H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 9 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 , 1937, to JAN 9 , 1938

I last saw her alive on JAN 9 , 1938. Death is said to have occurred on the date stated above, at 2⁴⁰ A m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis - bilateral — Date of onset ?

Other contributory causes of importance:

Meningocele Lumbar region

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Walter B. Bach , M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1265-9

F 42803

42803 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6528 St. Helena Ave; 26-6 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Joseph Duenel

(a) Residence: No. 6528 St. Helena Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Mrs. Lillian Duenel (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Francis J Duenel

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Marie Louise St Jacquin

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs. O. J. Duenel

(Address) 6528 St. Helena Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 14, 19 38

19. UNDERTAKER C. H. Lamoreux

(Address) 1005 N. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1937 to Jan. 11, 1938

I last saw him alive on Jan. 11, 1938 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma left humerus	11-14-36
Left arm amputated.	
Sarcoma right lung.	12-30-37

Other contributory causes of importance:

Name of operation Amputation arm Date of 9-15-37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Rein M. D.

(Address) 2 Kinship Rd. Dundalk Md.

F 42804

42804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. 10-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Broadway St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Fiskowski Edelman

(a) Residence: No. 4207 Stanwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fiskowski

6. DATE OF BIRTH (month, day, year) August 24, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward R. Kinstler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Selig

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward R. Kinstler
(Address) 4207 Stanwood Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Shomrey Date Jan 12, 1938

19. UNDERTAKER Mrs. W. E. Dypes
(Address) 2152 Eutaw St.

20. FILED 1938 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (Illuminating gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/9/, 1938

Where did injury occur? 915 N. Broadway, Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas heater went out while she was sleeping (Alcoholic)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1414 E. North Ave.

F 42805

42805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X/121

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. mos. 11 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Louise Bates Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 26 Willis St. St., Ward. Westminster, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	wh.	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 4, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. asst. Registrar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton Md

13. NAME T. Pliny Fisher

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Ella S. Salisbury

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Denton Md. 1/14/ 1938

19. UNDERTAKER J. Francis Reese

(Address) Westminster Md.

20. FILED ....., 19.... Registrar.

1 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/38

22. I HEREBY CERTIFY, That I attended deceased from 12/31/37 to 1/11/38, 19..

I last saw her alive on 1/11/38, 19.. Death is said to have occurred on the date stated above, at 11 19 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
appendicitis	12/30/37
intestinal obstruction	1/5/38

Other contributory causes of importance:

Was an operation performed? Yes 2 Date of (1) 12/31/37 (2) 1/8/38

For what disease or injury? (1) appendicitis, (2) intestinal obstruct

Name of operation appendectomy, (1) exploratory laparotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank M. Weaver M.D.

(Address) Union Memorial Hospital

42806 F 42806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14 Ward) 4

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR World War

2. FULL NAME Robert H. Carlton

(a) Residence: No. 1509 Belt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lola E. Carlton

6. DATE OF BIRTH (month, day, year) Nov. 4, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garment

10. Date deceased last worked at this occupation (month and year) 1/10/38

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert Carlton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Smothus

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lola E. Carlton
(Address) 1509 Belt St.

18. BURIAL, CREMATION OR REMOVAL
Cemetery Evergreen Place Richmond Va. Date Jan 12th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 15 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Carlton Coroner, M. D.

(Address) 3757 Harford

F 42807

F 42807 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 N. Pratt St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Lona Mae Ernst

(a) Residence: No. 1413 N. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Ernst

6. DATE OF BIRTH (month, day, year) Sept. 13 91.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Woods

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lona Lonpher

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillian Crowcroft

(Address) 1518 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 12th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 1/12 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture Skull	Jan 10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 10 1938

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell down cellar steps.

Nature of injury Compound fracture skull.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harlan J. Kanna M. D. Coroner

(Address) 1822 W. Baltimore St.

Margaret D Bierau

42808 F 42808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 E. North Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Diering Bierau If U. S. Veteran, specify WAR No Record

(a) Residence: No. 1525 E North Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Henry Bierau

6. DATE OF BIRTH (month, day, year) Jan 27th 1868

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
69	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Diering

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna E. Toepfer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Henry Bierau 1525 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Jan 13th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

1121938

Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenker Coroner, M. D.

(Address) 1914 E. North Ave

F 42809

2809

HEALTH DEPARTMENT—CITY OF BALTIMORE

#1179 SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) life

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Hoff

If U. S. Veteran specify WAR No Record

(a) Residence: No. 852 W. 37th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 7/4/1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mary Todd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 13 1938

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul st

20. FILED ... 19... Registrar

JAN 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to January 10, 1938.

I last saw him alive on January 10, 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-38

Other contributory causes of importance:

Diabetes mellitus Unknown

Laennec's cirrhosis of liver Unknown

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Was there an autopsy? ...

What test confirmed diagnosis? clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Lantelle, M. D.

(Address) Baltimore City Hospitals

12810

HEALTH DEPARTMENT—CITY OF BALTIMORE

12810

CERTIFICATE OF DEATH

175

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (Specify WAR)

2. FULL NAME Jack Barnes

(a) Residence: No. Fort Archard Washington State

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Paul C. Barnes

14. BIRTHPLACE (city or town) (State or country) Seattle Wash.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Coroner John Evans

(Address) 612 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL Date Jan 12th 1938

Place Loudon Park

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed Jan 12th 1938 Registrar

N 121938

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over

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull and Vertebra	12/27/37

Other contributory causes of importance: History of Fight

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12/27 1937

Where did injury occur? No clear history. Drunk (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Supposed to be On Street

Manner of injury Bare history. Fight

Nature of injury? Fractured Vertebrae

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans M. D.

Coroner

(Address) Coroner

42811 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42811

CERTIFICATE OF DEATH ✓ 93-a

1. PLACE OF DEATH 1111 W Eutaw.

CITY OF BALTIMORE: (No. Cecil Apts. St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida H. Tyler

If U. S. Veteran specify WAR

(a) Residence: No. Cecil Apts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Tyler

6. DATE OF BIRTH (month, day, year) Dec. 16, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	----	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. H. Hamer

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Eleanor R. Justis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wm. G. Tyler
(Address) 1724 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 1/12/38 19

19. UNDERTAKER John C. Mitchell Funeral Inc
(Address) 1900 Eutaw Place

20. FILED 1/12 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to Jan 9, 1938

I last saw her alive on Jan 9, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Arterio-sclerosis	9 yrs
Other contributory causes of importance: Acute Myocarditis	4 days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) James C. Clark, M. D.

1.10.38 (Address) Greenway Apts.
Charles & 34th. Sts.

42812 HEALTH DEPARTMENT—CITY OF BALTIMORE 42812

CERTIFICATE OF DEATH

Registered No. V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Fleet St. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louise A. Sinclair

(a) Residence: No. 3107 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Sinclair

7. DATE OF BIRTH (month, day, year) March 4, 1843

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Wesley Barker

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME ? Cannon

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Emma L. Alexander
(Address) 3107 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet. Cem Date Jan. 12, 1938

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

20. FILED 1938 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Jan 9, 1938

I last saw her alive on Jan 9, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Senility
Chronic Nephritis
Chronic Myocarditis
Uremia.

Other contributory causes of importance:

Date of onset

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Faucher M. D.

(Address) 444 S. Ellwood Ave

42813

HEALTH DEPARTMENT—CITY OF BALTIMORE 42813

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 N. Wheeler Ave. St., 70 Ward 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Lloyd

(a) Residence: No. 44 N. Wheeler St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baldwin Lloyd

7. DATE OF BIRTH (month, day, year) Oct. 11, 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Iceman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Gertrude Washenfeldt 44 N. Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Jan. 14, 1938

19. UNDERTAKER (Address) Frederick G. Cole 1700 W Lombard St

20. FILED JAN 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937, 19 37 to Jan. 11, 19 38

I last saw her alive on Jan. 10, 19 38 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular renal disease uremia.	1-3-38

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw. Plaumann M. D.

(Address) 1904 W. Balto. St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42814

CERTIFICATE OF DEATH

V 125-N F 42814

29654 JS

Registered No.

1. PLACE OF DEATH — Balto. City Hospt. St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME — Jane Reaves

(a) Residence: No. 1635 W. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of — John

7. DATE OF BIRTH (month, day, year) — 11-16-1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	31	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Va.

13. NAME — John Barksdale

14. BIRTHPLACE (city or town) (State or country) — Va.

15. MAIDEN NAME — Deli Marable

16. BIRTHPLACE (city or town) (State or country) — Va.

17. INFORMANT — B; C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Mt. Auburn Cem. Date 1/12/38

19. UNDERTAKER — Frances L. Hemsley

(Address) 578 W. Biddle St

20. FILED — 1/12/1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to January 7, 1938.

I last saw her alive on January 7, 1938. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver	12-20-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. de Saulles M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42815

CERTIFICATE OF DEATH

X82-a

F 42815

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Annapolis Ave St., 5-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Winfield S. Parsons Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2307 annapolis ave St., ... Ward. Millville N J

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Hetta Parsons.

6. DATE OF BIRTH (month, day, year) Sept 8-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge tender.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St of N.J.

10. Date deceased last worked at this occupation (month and year) do

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER FATHER

13. NAME George Parsons.

14. BIRTHPLACE (city or town) (State or country) N.J.

15. MAIDEN NAME Rebecca Donnelly

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs. Hetta Parsons

(Address) 73 Middle ave Millville N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Millville N.J. Date 1/12/38 19

19. UNDERTAKER Geo. F. Beyer Jr

(Address) 1012 Fallon St

20. FILED 1/12 1938 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937 to Jan 12 1938

I last saw ~~him~~ alive on June 11 1938. Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1936
Other contributory causes of importance: Cerebral Hemorrhage	7 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Coma Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) R O Allaman M. D.

(Address) 2708 Hollins Ferry Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2816

CERTIFICATE OF DEATH

107-a

F 42816

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 W. Preston St., (Ward) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Amy

(a) Residence: No. 504 Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) .....

AGE: Years: 65 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): S. C.

13. NAME .....

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Mrs. Matilda Moody

(Address) 504 Preston St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Cem. Jan. 14 1938

19. UNDERTAKER: Adolphus Halstead

(Address) 918 Druid Hill Ave

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1937 to Jan 11 1938

I last saw him alive on Jan 11 1938 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 11 1937
Arteriosclerosis	"

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles H. Flournoy M. D.

(Address) 718 S. Hanover St.

Bell Talley

HEALTH DEPARTMENT—CITY OF BALTIMORE

2817 — CERTIFICATE OF DEATH — 47-B — F 42817 — 28190--RHW

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bell Talley

(a) Residence: No. 218 W. Camel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George (sep)

6. DATE OF BIRTH (month, day, year) 5/2/1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Walley Parker

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Date Jan 11 1938

19. UNDERTAKER Adolphus Talbert
(Address) 1918 Druid Hill Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 10 1937 to January 9 1938

I last saw her alive on January 9, 1938. Death is said to have occurred on the date stated above, at 7½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of Lung	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. de Santillo M. D.

(Address) Baltimore City Hospitals

42818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42818

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 1 Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ewab Hoffenberg

If U.S. Veteran specify WAR ...

(a) Residence: No. 4620 Park, Knight Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis

6. DATE OF BIRTH (month, day, year): 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Joel J. Fried

14. BIRTHPLACE (city or town) (State or country): Poland.

15. MAIDEN NAME: Rosa Kramer

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: William Hoffenberg
(Address) 2002 Park ave

18. BURIAL, CREMATION, OR REMOVAL: Lehrer Randale Date Jan 12 1938

19. UNDERTAKER: Lof Levenson Bro
(Address) 1124 W Mulberry

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1937 to Jan 11, 1938

I last saw her alive on Jan. 11, 1938 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

Septicemia — Date of onset June 1/37
Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan A. Spielman M. D.

(Address) Sinai Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

42819

CERTIFICATE OF DEATH

V/31

F 42819

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 Warren Ave St., 24-13 Ward.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther H. Potter

(a) Residence: No. 125 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mary Potter

6. DATE OF BIRTH (month, day, year) Oct 22 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hebbville Md

FATHER

13. NAME Emanuel J. Potter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth E. A. Keller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Emma Eyerly
(Address) 1120 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Mt Olive, Randallstown Date Jan 13. 1938

19. UNDERTAKER William H. Dyer & Co
(Address) 215 East Fayette St

20. FILED JAN 12 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1938 to Jan 10 1938

I last saw him alive on Jan 10 1938 Death is said to have occurred on the date stated above, at 9.13 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Chr. Interstitial Nephritis	?

Other contributory causes of importance:

Uremia

Name of operation Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Barranco M. D.

(Address) 436 E Fort

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42820 CERTIFICATE OF DEATH 34-3-23 F 42820

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Bailey (282)

(a) Residence: No. 121 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver of Wagons

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Will Bailey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Jan 12th 1938

19. UNDERTAKER E. Irvin Oliver
(Address) 1600 Brentwood Ave

FILED JAN 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1933 to January 10, 1938

I last saw him alive on January 10, 1938 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Aug 1936.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42821

CERTIFICATE OF DEATH

F 42821

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lena Mayo

(a) Residence: No. 1118 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F MAIL | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Mayo

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ella Lee's

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs E Brown

(Address) 1118 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 5th 1938

19. UNDERTAKER E O Weber

(Address) 1000 Pennsylvania

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1937 to Jan 4 1938

I last saw her alive on 1-4 1938. Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus	1-3-38
Peritonitis	1-3-38
Pneumonia Bronchial	1-3-38

Other contributory causes of importance:

Was an operation performed? yes Date of 1-2-38

For what disease or injury? Ventral hernia

Name of operation Herniotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard W. Levine M. D.

(Address) University Hospital

121936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42822 | CERTIFICATE OF DEATH | F 42822

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST JOSEPHS HOSPITAL St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY HUTH

(a) Residence: No. PHILADEPHIA Rd & RING Ave St., Ward Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, year) June 29 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME John Huth

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Lillian Oesterlein

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT John Huth (Father)

(Address) Philadephia Rd Spring Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart's Cem. Date Jan 12 19 38

19. UNDERTAKER Tully & Zeller Inc

(Address) 803 N. Wolfe St

20. FILED JAN 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1938

22. I HEREBY CERTIFY, That I last saw the female described hereon and from the records of (Hospital, Autopsy or Inquiry) I last saw her alive on Jan 10 1938 and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenfeld M. D.

(Address) 1912 E. North Ave Corner

F 42823 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42823

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH Balto. City Hospitals
CITY OF BALTIMORE: (No. Bay View St., 2 & 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
U. S. Veteran specify WAR

2. FULL NAME William Goscher
(a) Residence: No. 3714 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Josephine Goscher

6. DATE OF BIRTH (month, day, year) June 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Goscher
(Address) 3714 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Heart Date Jan 14 1938

19. UNDERTAKER Lilly & Zeilenhorn
(Address) 403 S. Howard St.

20. FILED JAN 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Valvular heart disease	Years
Other contributory causes of importance: Arterio-sclerosis Emphysema.	Years

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. (Coroner)
(Address) 1712 E. Baltimore St.

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

42824

CERTIFICATE OF DEATH

F 42824

93-C

8-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 N. Wolfe St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Hausge

If U. S. Veteran specify WAR .....

(a) Residence: No. 1607 N. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H Hausge

6. DATE OF BIRTH (month, day, year) Feby. 18-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER

13. NAME Emil Brandt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Hausge

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Louise Hausge

(Address) 1607 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 14 1938

19. UNDERTAKER John Cassidy

(Address) 2228 Eastern Ave

20. FILED JAN 12 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th 1938 to Jan. 11th 1938

I last saw her alive on Jan. 10 1938 Death is said to have occurred on the date stated above, at 1230 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1936
Other contributory causes of importance: Acute Bronchitis	1/5/38

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Physical Examination

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

F 42825

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42825

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N Castle St. 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Novotny

(a) Residence: No. 905 N Castle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Novotny

7. DATE OF BIRTH (month, day, year) August 15 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Mikes

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Effie Klipner
(Address) 903 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 13 19 38

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St.

20. FILED JAN 13 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1938

22. I HEREBY CERTIFY That I attended deceased from May 1 1937 to Jan 10 1938. I last saw h Sr alive on Jan 10 1938. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1932
Other contributory causes of importance: Cerebral Hemorrhage	1/1/38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Reynolds M. D.

(Address) 801 Eastwood Rd

42826 HEALTH DEPARTMENT—CITY OF BALTIMORE 42826

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH : Registered No. 26-12

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

2. FULL NAME Edward McDermitt If U. S. Veteran specify WAR

(a) Residence: No. B. C. H. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-28-1864 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	73	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John McDermitt

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bessie ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hill Cem. Date 1/12/38

19. UNDERTAKER Thos. J. Fahey & Son
(Address) 1310 Eutaw St.

20. FILED Registrar.

JAN 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1937 to Jan. 7, 1938

I last saw him alive on Jan. 7, 1938 Death is said to have occurred on the date stated above, at 4 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-7-38
Other contributory causes of importance:	
Generalized arteriosclerosis	?
Arteriosclerotic heart disease	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Lautelle M. D.
(Address) Baltimore City Hospitals

42827

HEALTH DEPARTMENT—CITY OF BALTIMORE

42827

CERTIFICATE OF DEATH

23962 JS 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Sheehan

(a) Residence: No. 2029 W. Saratoga St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

7. DATE OF BIRTH (month, day, year) 8-15-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Christina Mangan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. Sacred Heart Cem Date 1/12/38

20. UNDERTAKER John J. Feeley & Son

(Address) 1218 Eutaw Pl.

21. FILED ..... 19 ..... Registrar.

JAN 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1937 to Jan 7, 1938

I last saw him alive on Jan 7, 1938 Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Ist	
Other contributory causes of importance: Tuberculosis of Larynx	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lambert M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE 42828

42828

CERTIFICATE OF DEATH

26186 (MB) 47-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4 Dix Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Gerkin

(a) Residence: No. 313 N. Greene St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (separated)

7. DATE OF BIRTH (month, day, year) 12/26/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME John (d)

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Mayberry

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT City Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. Date 1/12/38

19. UNDERTAKER Wm. J. Fahey & Sons.

(Address) 1318 Light St.

20. FILED ..... Registrar.

Charles H. Gardner Pikesville md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11. 1938

22. I HEREBY CERTIFY, That I attended deceased from August 28. 1937. to January 11. 1938

I last saw him alive on January 11. 1938 Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Hale Santelle M. D.

(Address) Baltimore City Hospitals

42829 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42829

Mary Habicht

93-C

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0.7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER Mary A Habicht

(Address)

20. FILED ..... 19 ..... Registrar.

DEC 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-9-, 1938, to 1-10, 1938

I last saw h.. alive on 1-9-, 1938. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	1
acute pulmonary edema	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John J Gould M D

(Address) 14 N East ave.

42830 F 42830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1351 Ramsey St. 5-1 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry L. Cohen sr

(a) Residence: No. 1124 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Reba Cohen

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (Years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dora Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Meita

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Cohen

(Address) 1351 Ramsey st

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date 1-12-38

19. UNDERTAKER Jack Louis Inc

(Address) 1432 E. Baltimore st

20. FILED ..... Registrar.

1938 D H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Jan 12, 1938

I last saw him alive on Jan 11, 1938 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	1-12-38
Bronchiectasis	unknown
Other contributory causes of importance:	
generalized arteriosclerosis	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Rosen, M. D.

(Address) 206 S. Gilmor St.

2831

F 42831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. 36

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... da.

2. FULL NAME Jacob Kardos

If U. S. Veteran specify WAR

(a) Residence: No. 4322 Fairhaven Ave St., ... Ward.
(Usual place of abode) Curtis Bay (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Kardos

6. DATE OF BIRTH (month, day, year) July 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Pub

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooperage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Christina Kardos
(Address) 4322 Fairhaven St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A A Co Date JAN 13 19 38

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave.

20. FILED JAN 19 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/18/37 19 ..... to 1/10/ 1938

I last saw him alive on 1/10/ 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia due to Streptococcus viridans infection	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jacob Marek M. D.

(Address) Bon Secours Hosp

42832

F 42832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 709 W. Mulberry St. 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Veasie

(a) Residence: No. 709 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1937 Nov. 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

MOTHER FATHER

13. NAME Jacob Veasie

14. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

15. MAIDEN NAME Buena Burrell

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

17. INFORMANT Mother - Buena Veasie
(Address) 709 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 12, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Dubocaw St.

20. FILED JAN 12 1938, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1937 to 1-5, 1938.
I last saw her alive on 1-6, 1938 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If specify .....

(Signed) William A. Harris, M. D.

(Address) 600 Dolphin St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42833

F 42833

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richmond James Braxton

(a) Residence: No. 1831 Kavanaugh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-23-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Braxton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Hawkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lucy Baylor

(Address) 1831 Kavanaugh St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 1/14 1938

19. UNDERTAKER Wm J. Jackson

(Address) 916 Penna Ave

20. FILED 1/24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Stab wound of Heart and chest

Date of onset Jan 8 1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Jan 8 1938

Where did injury occur? Dorman Bruce St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Was Stabbed by

Nature of injury Knife Small Jack Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 50 Jamison St Coroner

S 6

F 42834

42834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10th Ward)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Clauthrish

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Kingsman

6. DATE OF BIRTH (month, day, year) 29 June 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME Joseph Clauthrish

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Helen Franchotch

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Supr.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 14 1938

19. UNDERTAKER Rita Wudefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th 1937 to Jan 11th 1938

I last saw h.. alive on Jan 9th 1938. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E. McCarthy M. D.

(Address) 1117 Harford

2835 E 12835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Heil

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 23 June 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME John Heil

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sophie Heil

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup.
(Address) Little Sisters of the Poor.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 13 1938

19. UNDERTAKER Rita Wenfield
(Address) 914 Greenmount Ave

20. FILED Jan 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1905 to Jan 11, 1938

I last saw h in alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

Other contributory causes of importance:

Hypertension

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify: whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, when?

(Signed) L. McCarthy M. D.

(Address) 1114 Hargrave

1938

F 42836

2836 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Hollins St St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Birdie Oehler

(a) Residence: No. 1230 Hollins St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander F. Oehler

7. DATE OF BIRTH (month, day, year) July 22, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgetown Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Agnes R. Schamma (Daughter)

(Address) 537 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 13 38

19. UNDERTAKER Robt C. & B. M. Walter

(Address) Pratt & Stricker Sts

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1937 to Jan 10, 1938

I last saw h.. alive on Jan 10, 1938 Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10/yr/37
Arteriosclerosis	
Cardiac Dilatation	
Other contributory causes of importance: Pulmonary Edema	1/1/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James N. Heyman M. D.

(Address) 721 Madison Ave

F 42837

42837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 105 Warren Ave St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria P. May

If U. S. Veteran specify WAR

(a) Residence: No. 105 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. May

6. DATE OF BIRTH (month, day, year) Aug. 15, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick O'Dea

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm. J. Peters

(Address) 105 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/13/38. 19

19. UNDERTAKER Fred. A. Krause & Son

(Address) 1216 E. Chase St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 19[illegible] to Jan 10, 1938

I last saw h[illegible] alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset (about)
Diabetes mellitus	About 5 Years
Other contributory causes of importance: Gangrene of foot	About 1 month

Was an operation performed? Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature], M. D.

(Address) 215 Light St

F 42838

M. D. P. 1268-9

42838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ X125-a

1. PLACE OF DEATH Franklin Square Hospital. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts. Ward) 19 - 2

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Eskridge Wife of

(a) Residence: No. 105 N. Stricker St St., Ward. Tangier Island Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (of) WIFE of: Ira L. Eskridge

6. DATE OF BIRTH (month, day, year): Sept 2, 1882

7. AGE: Years 55 | Months 3 4 | Days 7 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Thos H. Crockett

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Isabella Brown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Ira L. Eskridge Va

(Address) Tangier Island

18. BURIAL, CREMATION, OR REMOVAL: Place Tangier Island Va Date Jan 13 38

19. UNDERTAKER: Harry H. Wilkie

(Address) 4401 Edmondson Ave

20. FILED JAN 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/12/38

22. I HEREBY CERTIFY, That I attended deceased from 12/13/37 to 1/12/38

I last saw h alive on 1/12/37 Death is said to have occurred on the date stated above, at 4 35 P.M.

The principal cause of death and related causes of importance were as follows:

Acute yellow atrophy of the Liver with Terminal pneumonia — Date of onset

Other contributory causes of importance:

Name of operation: Cystostomy Laparotomy Date of 1/12/38

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Wallace M. D.

(Address) Franklin Square Hospital

42839 F 42839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals ✓ 46-E CC
CITY OF BALTIMORE: (No.) Bay View St., 7 G 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Vet. specify WAR No Record
2. FULL NAME Catherine, Mc Rhadden
(a) Residence: No. 1310 Homewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of W. Mc Rhadden

6. DATE OF BIRTH (month, day, year) May 9-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ontario Canada

MOTHER FATHER

13. NAME Neil Mc Rhadden
14. BIRTHPLACE (city or town) (State or country) Scotland
15. MAIDEN NAME Marcella Mc Kenzie
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Grover Woods
(Address) 1712 N. Bond st

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthias Date Jan 13th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence obtained by me (Investigation or Inquiry) (Inspection, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Unknown
Carcinoma of liver	
Other contributory causes of importance Carcinoma G.I. tract ✓	Long time

Was an operation performed? No ✓ Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner
(Address) 1712 N. Bond St.

S 6

42840 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42840

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home and Infirmary Hospital St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Katherine Buchanan

(a) Residence: No. 3234 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. James Buchanan

7. DATE OF BIRTH (month, day, year) June 25, 1889

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Michel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Eberhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) James Buchanan 3234 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Tompkins Point - York River Va Date Jan 14th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED JAN 18 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1937, to January 12, 1938.

I last saw her alive on January 12, 1938. Death is said to have occurred on the date stated above, at 7.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary, right	about July, 1932
Cutaneous metastases	

Other contributory causes of importance:

Was operation performed? (At Franklin Square Hospital) Yes Date of Sept 10, 1937

For what disease or injury? Above

Name of operation Exploratory laparotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas H. Jones, Jr. M. D.

(Address) Church Home and Infirmary Hosp.

Charles Smith

42841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 42841

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 S. Charles St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith

If U. S. Veteran specify WAR

(a) Residence: No. 727 S. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aggie Smith

6. DATE OF BIRTH (month, day, year) Feb 28 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Martin Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Jenie Gordon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Smith

(Address) 1609 Gorsuch Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 1/13/38. 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED 19 Registrar.

JAN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1937 to Jan 11 1938

I last saw him alive on Jan 11, 1938. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis Myocarditis	? 4
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D H Carroll M. D.

(Address) 109 W Hill St

F 42842 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42842

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals 186-A CC
CITY OF BALTIMORE: (No.) Bay View St. (or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James Hennessy
(a) Residence: No. 2000 E. Franklin St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Hennessy

6. DATE OF BIRTH (month, day, year) June 17 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggageman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Michael Hennessy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary McNamara
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Hennessy
(Address) 2000 E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan 14 1938

19. UNDERTAKER Geo. A. Farley
(Address) Fayette & Fulton Sts.

20. FILED JAN 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1938

22. I HEREBY CERTIFY, That I took care of the deceased described above, last on Jan 12 1938, and that I last saw deceased alive on Jan 12 1938. Death was due to the cause and occurred at the time stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 Days
Other contributory causes of importance: Fracture Neck right femur	3 Months

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec. 1937
Where did injury occur? 2000 E. Franklin St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell on Kitchen floor
Nature of injury Fracture Neck right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood M. D.
Coroner
(Address) 712 N. Bond St.

CAMPER

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42843 — CERTIFICATE OF DEATH — 93-C F 42843

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Mount St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H Camper — If U. S. Veteran specify WAR .....

(a) Residence No. 726 Mount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E Camper

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Bentley (Address) 942 N Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Zion Date Jan 13th 1938

19. UNDERTAKER Joseph A Seeley (Address) 1492 Mount St

FILED JAN 13 1938 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 9 1938

I last saw him alive on Jan 6 1938 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset July 1937

Other contributory causes of importance: Arteriosclerosis — 9 1

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation — What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) H. Causey M. D.

(Address) 1492 Mount St

LEWIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42844 CERTIFICATE OF DEATH V 210-M F 42844

Registered No.

1. PLACE OF DEATH Provident Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-4 St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Henry Lewis

(a) Residence: No. 415 E. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Naomi Lewis

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME William Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Wilhelmina Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Naomi Lewis (wife)
(Address) 415 E 27th St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date 1/13 19 38

19. UNDERTAKER Rayner & Sanders
(Address) 1413 E Preston St

20. FILED JAN 13 1938 Registrar

MEDICAL CERTIFICATE OF DEATH 220-M

21. DATE OF DEATH (month, day, year) 1-11, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	
Hypostatic Pneumonia	5 wks ago

Other contributory causes of importance:

Was an operation performed? yes Date of 5 wks ago

For what disease or injury? fx femur

Name of operation, reduction Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Acc Date of injury Oct 22 1937

Where did injury occur? Belle Ave & E 27th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Auto while in Car

Nature of injury fx femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Sanders Jr. M. D.
Coroner

(Address) 917 N Carey

S 6

F 42845 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42845

CERTIFICATE OF DEATH

Registered No. 91-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1704 Cairo St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Lydia Griffin
If U. S. Veteran specify WAR

(a) Residence: No. 1704 Cairo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frazier L. Griffin

6. DATE OF BIRTH (month, day, year): January 9 1859

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	39	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Lewis Hawkins
14. BIRTHPLACE (city or town) (State or country): Talbot Co Md.

MOTHER
15. MAIDEN NAME: Lydia Brown
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Frazier Griffin
(Address) 1704 Cairo St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem Date 1/13 1938

19. UNDERTAKER: Dayer Sanders
(Address) 1403 E Preston St

20. FILED JAN 13 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

23. The principal cause of death and related causes of importance were as follows: 12-26-37

	Date of onset
Acute Endocarditis	
Other contributory causes of importance: Chronic Nephritis,	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Adam Leitner M. D.
Coroner
(Address) 1210 Hanover St

S 6

338261 F 42846

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42846

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 157-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-2 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tamara Rifman

If U. S. Veteran specify WAR

(a) Residence: No. 2304 Callow ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-29-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Avrum Rifman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ruth Pell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 1-13-39

Loch Raven

19. UNDERTAKER Jos. L. Levin Jr.

(Address) 1739 E. Baltimore St

JAN 13 1938

Registrar

GKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-1, 1937 to JAN 12, 1938.

I last saw her alive on JAN 12, 1938. Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

Diaphragmatic hernia

Date of onset Birth.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) W. ... Ellis Jr., M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

247 — 12817 — 95-B

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital — 27 — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Katherine B Lewis

(a) Residence: No. 615 Cedonia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Henry B. Lewis

6. DATE OF BIRTH (month, day, year) Jan 29, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63 64	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Father

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Henry B Lewis
(Address) 615 Cedonia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew — Date Jan 15 1938

19. UNDERTAKER Bernard A Funk
(Address) 711 Belair Road

20. FILED JAN 13 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-5-1938 to 1-12-1938

I last saw h. alive on 1-12-1938. Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset .....
Cerebral arteriosclerosis

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) A Illegible M. D.

(Address) Md. Gen. Hosp.

F 42848

42848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1277 W. Lexington St. 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Bertha Kelly

(a) Residence: No. 1627 W. Lex. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lillie Kelly

6b. DATE OF BIRTH (month, day, year): 6-23-

7. AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Lemuel "Kelly"

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Bertha Mitchell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lillie Kelly
(Address): 1627 W. Lex St

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Mem. Date: 1-13- 1931

19. UNDERTAKER: Jas. E. G. Holland
(Address): 1201 W. Lex St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-10- 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-18-30 to 1-10-31

I last saw h alive on 1-8-31 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Other contributory causes of importance: Influenza Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Lee Thomas, M. D.

(Address) 524 W. Mt. St.

F 42849

42849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINIA HOSPTIAL St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME GEORGE W. RUND

(a) Residence: No. 712 S. ELLWOODAVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY E. RUND

6. DATE OF BIRTH (month, day, year) APRIL 22-1891

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc CHEIF TIMEKEEPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc AT STANDARD OIL CO.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN RUND

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME ADLDA BITTNER

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARY E. RUND (WIFE)
(Address) 712 S. ELLWOOD AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 15 1938
Lilly & Zeiler INC.

19. UNDERTAKER
(Address) 403 S. WOLFE ST.

20. FILED 19 Registrar.

JAN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 11/38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the body above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and that said deceased came attained by said Inquest (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Arterio sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas Schreiber M. D.
Coroner

(Address) 1312 E. Monument

42850 F 42850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Leo St., 25-6 Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Manz

(a) Residence: No. 3713 Leo St., 25 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Manz

6. DATE OF BIRTH (month, day, year): Feb 18 1881

7. AGE: Years 56; Months 10; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Conrad Freightner

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Leo Manz (Son) 3713 Leo St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross. Date: Jan 15 1938

19. UNDERTAKER (Address): Lilly & Sheilestown 405 S Mechanic

FILED JAN 13 1938 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Jan 12 1938

I last saw h[illegible] alive on Jan 11 1938 Death is said to have occurred on the date stated above, at 2.33 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibro-Sarcoma	2 yrs.
Other contributory causes of importance: Carcinomatosis	6 mos.

Was an operation performed? Yes Date of Dec 16-37

For what disease or injury? Fibro Sarcoma of R. Chest.

Name of operation: Removal Tumor Date Dec 16-37

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis D. Hodes M. D.

(Address) 4710 Belmore, Md Apt

F 42851

42851 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 301 Parrish St. 19-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mose Brown
If U. S. Veteran specify WAR

(a) Residence: No. 301 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 89

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown
(State or country)

FATHER

13. NAME Samuel Brown

14. BIRTHPLACE (city or town) Fredericksburg
(State or country) Md.

MOTHER

15. MAIDEN NAME Jemmah Armstrong

16. BIRTHPLACE (city or town) Fredericksburg
(State or country) Md.

17. INFORMANT Perry Brown
(Address) 418 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 13, 38

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED ... 19 ... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles Norris M. D.
Coroner

(Address) 1822 N Baltimore 21

42852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42852

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Mosher St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Moore

(a) Residence: No. 1513 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Fred L Moore

6. DATE OF BIRTH (month, day, year): - - 1876

7. AGE: Years 62 | Months 1 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 070

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Prince George Co Va

FATHER

13. NAME: Cornelius Jones

14. BIRTHPLACE (city or town) (State or country): Prince Georg Co Va

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Linwood L Moore

(Address) 1513 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 14, 1938

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED ..... 19... ..... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1936 to Jany 11 1938

I last saw her alive on Jany 9 1938 Death is said to have occurred on the date stated above, at 10.30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal Disease	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. F. Kovacs M. D.

(Address) 610 N Carrollton Ave

42853 F 42853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH South Balto. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26-53 (Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Norman Eaton If U. S. Veteran specify WAR .....

(a) Residence: No. 1229 Wall St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Feb. 29 - 1916

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	10	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) Dec. 1937

11. Total time (years) spent in this occupation 1 0

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co Maryland

13. NAME James B. Eaton

14. BIRTHPLACE (city or town) (State or country) Queen Annes Co Maryland

15. MAIDEN NAME Caroline Steinbach

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) James B. Eaton 614 Hanover St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Carmel Date Jan 15 1938

19. UNDERTAKER (Address) Elizabeth Hark Inc. 115 E. West St.

20. FILED ..... 19 ..... Registrar

JAN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1937 to 1-12-1938

I last saw h.. alive on 1-12-1938. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombophlebitis	12-37
Uraemia	1-12-38
Cerebral Embolus	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Kroll M. D.

(Address) South Balto. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42854 — CERTIFICATE OF DEATH — F 42854

Registered No. 87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Hernsdale Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William A. Kriel

(a) Residence: No. 3204 Hernsdale Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Friendly

10. Date deceased last worked at this occupation (month and year) 6/38

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jacob Kriel

14. BIRTHPLACE (city or town) (State or country) Muntenburg Germany

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine France

17. INFORMANT Mr. Walter E. Kriel (Address) Hampstead — Md.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Jan 14, 38

19. UNDERTAKER Chas. Tickner & Sons (Address) North & Paca sts.

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to Jan 11 1938

I last saw him alive on Jan 11 1938 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Acute pneumonia	1-8-38
Other contributory causes of importance:	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no — If so, specify

(Signed) Charles W. Lamed, M. D.

(Address) 132 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42855

CERTIFICATE OF DEATH

92-aF 42855

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E 22nd St., 9-8 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Margaret Cook

(a) Residence: No. 120 E 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Daniel Cook

6. DATE OF BIRTH (month, day, year) Dec 31 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jacobina Kutzer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Jacob Schlenger (Address) 120 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster, Pa Date Jan 15 1938

19. UNDERTAKER The Wagner & Son (Address) Baltimore

20. FILED ... Registrar. JAN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to January 13, 1938

I last saw him alive on January 12, 1938 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — Date of onset 2 yrs
Arterial Hypertension — 2 yrs
Aortic Insufficiency — 20 yrs

Other contributory causes of importance: Bronchopneumonia — 10 days
and Thrombosis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Cowdrey, M. D.

(Address) 2045 Eutaw Pl

M. D. P 1268-9

✓ F 42856

42856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes' Hospital Wilkens & Caton Ave. St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ellen Coursey

(a) Residence: No. 1117 Ridgely St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced (or) WIFE of Conrad Coursey

6. DATE OF BIRTH (month, day, year) Aug 22, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Thos F. Weatherall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine M Humphreys

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Mr. Conrad Coursey
(Address) 117 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 1/15/ 1938

19. UNDERTAKER John J Cowan & Son
(Address) 40 Fullers St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/16 1937 to 1/12 1938

I last saw her alive on Jan 12 1938. Death is said to have occurred on the date stated above, at 11:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Anemia	12-12-37
b. Chronic Nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) St Agnes Hospital

42857 F 42857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenhurst Hospital St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James John Donahue

If U. S. Veteran specify WAR

(a) Residence: No. 607 St. Ann St. AVE. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 13, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Lawrence J. Donahue

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Angela M. Gaughan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT mother (Address) 607 St. Ann St. AVE.

18. BURIAL, CREMATION, OR REMOVAL Place Interred Date 1/14 1938

19. UNDERTAKER Clermont Lemmon (Address) 4 N. Park Heights

20. FILED ..... Registrar

JAN 13 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938 to January 12, 1938

I last saw h.. alive on January 12, 1938 Death is said to have occurred on the date stated above at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	1/4/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Lumbar puncture. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry S. Gimbel M.D.

(Address) Lydenhurst Hospital

F 42858

42858 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals 107-a C C

CITY OF BALTIMORE: (No. Bay View St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Fletcher

(a) Residence: No. 2121 Loudoun Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Fletcher

6. DATE OF BIRTH (month, day, year) April 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Old age Pension Bureau (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1/13/38

19. UNDERTAKER Sam'l. W. Close & Son (Address) 638 N. Pulmer

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

Also death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Day
Other contributory causes of importance: Apoplexy	Year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Gould St.

V. S. 6

✓ F 42859

42859 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Stanley Drazul

(a) Residence: No. 501 N. Rose St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Drazul

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Livery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Stefan Drazul

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Antonia

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mary Drazul

(Address) 501 N. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 15, 1938

19. UNDERTAKER: Frank Lorch & Son

(Address) 1906 Ashland Ave.

20. FILED ... 19 ... Registrar

3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
Diabetes Mellitus	

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Thurber Coroner, M. D.

(Address) 1912 E. North Ave.

V S 6

2860

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42860

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 St. Joseph's Hosp St., 7-3 (Ward)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jarosz

(a) Residence: No. 2210 Eastland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mathew Jarosz

6. DATE OF BIRTH (month, day, year): March 3, 1885

7. AGE: Years: 53; Months: 10; Days: 8; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Charles Srda

14. BIRTHPLACE (city or town) (State or country): Bohemia

15. MAIDEN NAME: Rosa Vacela

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mathew Jarosz
(Address) 2210 Eastlandia

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jan 14 1938

19. UNDERTAKER: Frank Grock Bro
(Address) 906 Aliandia

20. FILED: ..... (Registrar)

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937 to Jan 11, 1938

I last saw h.. alive on Jan 11, 1938. Death is said to have occurred on the date stated above, at 4 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Hypertension	?

Other contributory causes of importance:

Chronic Myocarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Ridgway M. D.

(Address) St. Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42861

CERTIFICATE OF DEATH

46-5 F 42861

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Park Ave. St.) 14-1 Ward)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Eugene McEvers Van Ness

If U. S. Veteran specify WAR .....

(a) Residence: No. 1515 Park ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Smith

6. DATE OF BIRTH (month, day, year) July 24. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 25. 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Baltimore City (State or country) Maryland

FATHER

13. NAME Eugene Van Ness

14. BIRTHPLACE (city or town) Kinderhook (State or country) New York

MOTHER

15. MAIDEN NAME Helena Barton Sargent

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INTERMENT Carroll Van Ness (Address) Ft Edwards Md

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Jan 14 1938

19. UNDERTAKER Henry H Jenkins Sons Co (Address) N Eutaw & Orchard St

20. FILED JAN 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from August 3 1937 to Jan 12 1938

I last saw him alive on Jan 12 1938 Death is said to have occurred on the date stated above, at 10.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	Jan 1937
Other contributory causes of importance: Arteriosclerotic Heart Disease	1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P Hamburger M. D.

(Address) 1207 Eutaw Place

1207 Eutaw Pl.

M. D. B. 1268-9

✓ F 42862

12862 . HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 N. Stricker St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cornelia Onley Boston

(a) Residence: No. 1336 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Boston

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 years	1862 April		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

FATHER

13. NAME Robert Boston

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Charles Onley

(Address) 1336 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Harbor Chapel A. A. Co. Md. Date Jan 14, 1938

19. UNDERTAKER Thomas E. Kelso

(Address) 1303 Pressman St

20. FILED Jan 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1937, to Jan 11th, 1938

I last saw her alive on Jan 11th, 1938 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Sept 37
Other contributory causes of importance: Rheumatism	July 1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Gantfort M. D.

(Address)

✓ F 42863

42863 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Fleetwood Ave 27th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gerhard Harberts Jr.

(a) Residence: No. 4007 Fleetwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary H. Harberts

6. DATE OF BIRTH (month, day, year) Feb. 19, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

FATHER

13. NAME Gerhard Harberts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Lemick

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mary H. Harberts

(Address) 4007 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 15th 1938

19. UNDERTAKER Fred. Lashley & Son

(Address) 7401 Belair Rd

20. FILED JAN 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1937 to Jan. 11 1938

I last saw him alive on Jan 11 1938 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset unknown

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Blood chemistry etc. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) John D. Machen M. D.

(Address) 6304 Belair Road

42864 F 42864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29695 (MB)

1. PLACE OF DEATH — Registered No. 130

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifford Rikard

(a) Residence: No. 723 Pierce St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/22/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Horace

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Carry Bailey

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Prosperity, S. C. Date Jan 13, 1938

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED 19 Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1938, to January 11, 1938.

I last saw him alive on January 11, 1938. Death is said to have occurred on the date stated above, at 4:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute nephritis	Dec. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lantalle M. D.

(Address) Baltimore City Hospitals

2865 F 42865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles J. Smoot

(a) Residence: No. 3409 Rosedale Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lila F. Smoot

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Embalmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Smoot

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lila F. Smoot

(Address) 3409 Rosedale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Ridge Date 1/14 19 30

19. UNDERTAKER Mary A. Dawkins

(Address) 2839 Reynolds Ave

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cereoral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2737 W 120 St

42866 F 42866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B 29361--MHW

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Armstead Wiggins

(a) Residence: No. 1048 Argyle Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 12/25/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) virginia

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Va
Place Fredericksburg Date 1/14 1938

19. UNDERTAKER Frances A. Wheeley
(Address) 516 W. Biddle St

20. FILED ... 19... By ... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1937, to January 12, 1938.

I last saw him alive on January 12, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lauble M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 42867

2867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-5 ✓ 93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Bentalou St. 16 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Haensler

(a) Residence: No. 919 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia B. Haensler

6. DATE OF BIRTH (month, day, year) June 16, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania RR

10. Date deceased last worked at this occupation (month and year) Oct. 4, 1937

11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Haensler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Manz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia B. Haensler

(Address) 919 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Jan. 14 1938

19. UNDERTAKER G. Amoroso

(Address) 1003 E. Baltimore St.

20. FILED JAN 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Jan 11 1938

I last saw him alive on Jan 11 1938 Death is said to have occurred on the date stated above, at 3.30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	indefinite
hypertension	"
Chronic myocarditis	"
coronary thrombosis	1 day

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Lyon M. D.

(Address) 3321 Frederick Ave.

12868

HEALTH DEPARTMENT—CITY OF BALTIMORE 12868

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Whitmore Ave. St. 15-12 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Niderman

(a) Residence: No. 1817 Whitmore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Andrew Nelson Niderman

6. DATE OF BIRTH (month, day, year) January 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Henry Ditzel

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Sallie J. Ritter

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT (Address) Mr. Howard H. Singleton 1815 Whitmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Cem. Date Jan. 14 1938

19. UNDERTAKER (Address) 1005 W. Baltimore St.

20. ... 19 ... Registrar.

JAN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937 to Jan 12, 1938

I last saw her alive on Jan 11, 1938 Death is said to have occurred on the date stated above, at 3.45 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Left side terminal

Other contributory causes of importance

General Arterio Sclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation none done

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Helen M. Thatcher, M. D.

(Address) 1219 Poplar Grove St.

42869 HEALTH DEPARTMENT—CITY OF BALTIMORE 42869

CERTIFICATE OF DEATH

Registered No. 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 33rd & Ellerslie St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Curtis CARROLL

If U. S. Veteran specify WAR

(a) Residence: No. Sparks — Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) May 10, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Maryland

MOTHER FATHER

13. NAME W. Curtis Carroll

14. BIRTHPLACE (city or town) (State or country) Balto., Maryland

15. MAIDEN NAME Virginia Dupo

16. BIRTHPLACE (city or town) (State or country) Oak Dale New Jersey

17. INFORMANT (Address) W. Curtis Carroll, Sparks, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Glenwood Date Jan 14 38

19. UNDERTAKER (Address) Wm. C. Brooks & Son Sparks, Md.

20. FILED JAN 14 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/2/38, 19 to 1/13/38, 19

I last saw h alive on 1/13/38, 19. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows: Aleukemic Leukemia — Date of onset Sept '37 ?

Other contributory causes of importance: Bronchopneumonia — 1/11/38

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Jalexander, M. D.

(Address) Union Mem. Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

42870 42870

CERTIFICATE OF DEATH

Registered No. 4108

1. PLACE OF DEATH Church Home & Infirmary 6-5
CITY OF BALTIMORE: (No. ..... St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Austin Basham

(a) Residence: No. Strut Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced: HUSBAND of Hazel Basham

6. DATE OF BIRTH (month, day, year) Sept. 18, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME A. D. Basham

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillie Moore

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Hazel Basham
(Address) Strut, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Md. Date Jan. 16, 1938

19. UNDERTAKER H. D. Bailey
(Address) Darlington Md

20. FILED JAN 14 1938 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/38 . 19

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from 1/7/38 . 19 ..... to 1/13/38 . 19 .....

I last saw him alive on 1/13/38 . 19 . Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-7-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wesley J. Ketz. M. D.

(Address) Church Home & Inf.

F 42871

F 42871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Paca St St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Callenberger

(a) Residence: No. 1718 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Leo. Grail

(Address) 1718 Linden ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 1/17/38 19

19. UNDERTAKER

(Address)

FILED JAN 17 1938 19 Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty Degeneration of Heart	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. K. Cullen M. D.

(Address) 2757 W. Lex Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42872

CERTIFICATE OF DEATH

#12633 F 13872

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Williams

If U. S. Veteran specify WAR

(a) Residence: No. 619 Brune St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 1895 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT hospital records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 15th 1938

19. UNDERTAKER E. C. Wilson (Address) 1202 Brantley Ave

20. Filed JAN 14 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 12, 1938

I last saw her alive on January 12, 1938. Death is said to have occurred on the date stated above, at 4.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-12-38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42873

CERTIFICATE OF DEATH

5-1 ✓ 93

F 42873
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N Carolina St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Walker

U. S. Veteran specify WAR

(a) Residence: No. 414 N Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Rev Lawrence
(Address) 1403 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Jan 14 38

19. UNDERTAKER E A Wilson
(Address) 1611 Broadway

20. FILED [illegible] 19 Registrar

JAN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held [illegible] inquest, autopsy or inquiry) thereon and from the evidence adduced by said [illegible] (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	about Nov 1937.
Hypertension Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Cumpston St

V S 6

F 12874

12874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4713 Keswick Rd (St.) 27-14 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 62 yrs. 7 mos. 26 ds.

2. FULL NAME Mabel Stevenson Grimes

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4713 Keswick Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dr. St Butler Grimes

6. DATE OF BIRTH (month, day, year): May-18-1875

7. AGE: Years 62; Months 7; Days 26; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Columbia Penna

FATHER

13. NAME: Chas H. Stevenson

14. BIRTHPLACE (city or town) (State or country): Duncannon Pa

MOTHER

15. MAIDEN NAME: Alice Vache

16. BIRTHPLACE (city or town) (State or country): Columbia Pa

17. INFORMANT (Address): Mrs Mary G Doolittle (daughter) 4713 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL. Place: Emmitsburg Date: Jany 15 1938

19. UNDERTAKER (Address): Stewart Moore Co 108 Mulberry

20. FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-13 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1938 to 1-13 1938

I last saw her alive on 1-12 1938. Death is said to have occurred on the date stated above, at 9.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEM.	1-10 38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Ensey M. D.

(Address) 1129 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42875

CERTIFICATE OF DEATH

108

F 42875

Registered No.

1. PLACE OF DEATH Sinai Hospital St. 13-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 7 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Evelyn Webster

(a) Residence: No. 3624 Buena Vista Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) July 9-1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Raymond Webster

14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Lady Cussins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Raymond Webster (Address) 3624 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden 1/15 38

19. UNDERTAKER Leonard J. Cannington (Address) 2140 20th St.

22. FILED JAN 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1938 to 1-12 1938

I last saw alive on 1-12 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type I)	12-26-38
Endocarditis	
Acute bacterial endocarditis (pneumococcal)	1-11-38
Empyema - Rt pleura	1-10-38

Other contributory causes of importance:

Was autopsy performed? Yes Date of operation 1-2-38

For what disease or injury? Empyema. Date of death 1-12-38

What confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin Sauber M. D.

Address) Sinai Hospital

F 42876

F 42876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 St. Paul St. St., 27-H Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lionel Oscar Sauter

(a) Residence: No. 4301 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 22, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME William Sauter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Agatha Tschudy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Harry Sauter

(Address) 4301 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Jan. 15, 1938

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) Northern Ave.

20. FILED Jan 13 1938 Registrar

JAN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence adduced at said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Inquiry

Dr

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 1/12/38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Crain M. D.

(Address) Coroner Coroner

F 42877

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42877

CERTIFICATE OF DEATH

15-B 95-B 28376 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma Kiser Emma E. Kiser

If U. S. Veteran specify WAR

(a) Residence: No. 1815 Ashburton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Kiser

6. DATE OF BIRTH (month, day, year) 2-12-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Warren Wood

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Emma Southers

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 15, 1938

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North Ave.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937 to January 12, 1938

I last saw h[illegible] alive on January 12, 1938 Death is said to have occurred on the date stated above, at 11.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-8-38
Other contributory causes of importance: Hypertensive cardiovascular disease	[illegible]

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sanblle M. D.

(Address) Baltimore City Hospitals

NOV 14 1938

42878 ✓ F 42878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. 13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Melvin Baldwin

(a) Residence: No. 1514 Clifton Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Eva May Baldwin

6. DATE OF BIRTH (month, day, year) February 15th 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman-Salvage Corps

9. Industry or business in which work was done as silk mill, saw mill, bank, etc. Fire Underwriters Asso.

10. Date deceased last worked at this occupation (month and year) January 1938

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Still Baldwin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rosalie ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Eva M. Baldwin

(Address) 1514 Clifton Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 14th 1938

19. UNDERTAKER J. M. Tuckner & Sons

(Address) North Avenue

20. FILED 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and saw the deceased (Inquest, Autopsy or Inquiry)

alive, last at ... and that said deceased came ... (Inquest, Autopsy or Inquiry)

death on the day stated above.

The principal cause of death and related causes of importance were as follows: 2.05 P.M.

Fracture of skull

Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 11 1938

Where did injury occur? 2011 Whitelock ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fell off back porch while shoveling coal

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Oram, Coroner, M. D.

Coroner

(Address) 1215 Hanover

12879 ✓ F 12879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 9-G Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph F. Kirwan

(a) Residence: No. 1330 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John Kirwan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Finnegan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Ward
(Address) 1330 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 15, 1938

19. UNDERTAKER P. A. Woodyard
(Address) 1 E. Lanvale St.

20. FILED DEC 15 1938, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis + Insufficiency	
Mitral Stenosis ??	
Pulmonary T.B.	
Chronic Glomerulonephritis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1917 E. North Ave

V S 6

42880 F 42880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-8 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Bouchat

(a) Residence: No. 708 Linnard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X Fem.	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of August Bouchat

6. DATE OF BIRTH (month, day, year) Mar. 13 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Braunlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT August F. Bouchat

(Address) 708 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1-15-38

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus (several	Years
Other contributory causes of importance: Contusion of head from fa 11	Jan 11

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident of injury Jan 11 1938.

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harlem Av. & Linnard St Outside steps

Manner of injury Fell backwards on steps

Nature of injury Contusion back of head (X ray)

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. Deaver, M. D. Coroner

(Address) 1822 W. Baltimore St.

V S 6

12881

HEALTH DEPARTMENT—CITY OF BALTIMORE

12881

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 4804 Anntana Ave 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia E Betz

If U. S. Veteran specify WAR

(a) Residence: No. 4804 Anntana Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Betz

6. DATE OF BIRTH (month, day, year) April 17th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Emanuel

14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER

15. MAIDEN NAME Elizabeth Leigh

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Wm Betz
(Address) 4804 Anntana Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Jan 15th 1938

19. UNDERTAKER Leo G. Cook
(Address) 1703 N Patterson Park Ave

20. FILED JAN 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to January 12 1938

I last saw her alive on January 11, 1938. Death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	1 yr
Chronic interstitial Nephritis	2 yrs
Senile arteriosclerosis	5 yrs
Other contributory causes of importance:	
Apoplexy	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Cassard M. D.

(Address) 7025 Eastern Ave

42882 3399-57

HEALTH DEPARTMENT—CITY OF BALTIMORE E 42882

CERTIFICATE OF DEATH

54-D

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clara Crimi

If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 N Broadway, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Tony

6. DATE OF BIRTH (month, day, year): Aug 12 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wis.

MOTHER FATHER

13. NAME: George Chase

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Anne Marmull

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Cem Date: Jan 17 19 38

19. UNDERTAKER: Frank Della Rocca
(Address) 52 N Monty st

20. FILED ..... 19 ..... Registrar.

JAN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 10, 1938, to JAN 13, 1938.

I last saw her alive on JAN 13, 1938. Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Benign	
Other contributory causes of importance: None	

Was an operation performed? Yes Date of 1-12-38

For what disease or injury? Brain Tumor

Name of operation Cerebellar Exploration

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42883

CERTIFICATE OF DEATH

87-a

F 42883

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 North Port St., 8-2 Ward)

Length of residence in city or town where death occurred ....yrs. 5 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Meninger

(a) Residence: No. 1728 Port St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Meninger

6. DATE OF BIRTH (month, day, year) May 20th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Meninger
(Address) 1720 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Josephs Date Jan 17th 1938

19. UNDERTAKER Fred. Tarbaken & Son
(Address) 1401 Eastern Ave

20. FILED JAN 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8th 1938 to Jan 13th 1938.

I last saw him alive on Jan 12 1938 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	June 8 1938.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Handley M. D.
(Address) 4810 Belair

F 42884

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42884

CERTIFICATE OF DEATH

95-6

1. PLACE OF DEATH Sinai Hospital, Baltimore, Md. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME D. Paul Davidson

(a) Residence: No. Riviera apts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Hattie O. Davidson

6. DATE OF BIRTH (month, day, year) Sept. 28, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Isaac Davidson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adele Pollock

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. A. Davidson
(Address) 2319 Eutaw Place

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Fort Lincoln Cy. Date Jany. 17. 1938

19. UNDERTAKER Chas. Sonnheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JAN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Jan. 13, 1938

I last saw him alive on Jan. 12 (1:30 pm) 1938 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Subacute bacterial endocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. E. Schmidt M. D.
(Address) Sinai Hospital.

F 42885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42885

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 13-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Irving Gompreckt

(a) Residence: No. 933 Brehms Lane St. City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Gompreckt

6. DATE OF BIRTH (month, day, year) June 10, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	7	2½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr. Hus Gompreckt (Hy)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss Frances Wittgenstein

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Wife Same address as above

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Cem. Date Jany. 14 38

19. UNDERTAKER (Address) Harry Sonneborn & Son 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JAN 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1937 to Jan 12-, 1938

That I last saw h. in alive on Jan 12-, 1938 Death is said to have occurred on the date stated above, at 12.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Ant. Branch Bundle Block)	12-25-37
Other contributory causes of importance: Pneumonia Hypostatic. Years-14	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis E.K.G. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42886

93-C

F 42886

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1311 Stockton St. 15 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Kate Ball

(a) Residence: No. 1311 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Ernest Ball

(Address) 1311 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 4 38

19. UNDERTAKER Adolphus Hubbard

(Address) 9 N Eutaw Place

20. FILED JAN 14 1938, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	about Dec 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 50 S Fremont St

V 5 6

12887 F 12887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Bradford St., E. W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 1 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Frederick J. Wolter

If U.S. Veteran specify WAR .....

(a) Residence: No. 1733 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Wolter

6. DATE OF BIRTH (month, day, year) Feb. 2, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year) Dec. 37

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Anna M. Wolter

(Address) 1733 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date January 17 1938

19. UNDERTAKER Howard N. Bright, Jr.

(Address) 4714 Park Road.

20. FILED JAN 14 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to January 13, 1938

I last saw him alive on January 12, 1938 Death is said to have occurred on the date stated above, at 2:45 (A.M.) P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Aortic Regurgitation	8-27-37.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert E. Singewald M. D.

(Address) 1613 E. Monument St.

12888 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12888

CERTIFICATE OF DEATH

V 142-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Johnson (Home.) If U. S. Veteran specify WAR

(a) Residence: No. 627 West Saratoga Street Ward Westmoreland Co Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Amos Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year) To present.

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

FATHER

13. NAME Jake Smith

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

MOTHER

15. MAIDEN NAME Julia Clayton

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

17. INFORMANT Frank A Johnson.
(Address) 627 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Fr Locust Hill Va Date Jan 15 1938

19. UNDERTAKER J. Warren Albertson E. J. Shiltz Undertaker Va

20. FILED JAN 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1938 to Jan 13, 1938

I last saw h.CR alive on Jan. 13 1938 Death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Pregnancy	7 mos
Post operative Hemorrhage.	

Other contributory causes of importance

Was an operation performed? yes Date of 1/13/38

For what disease or injury? Abdominal Pregnancy.

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Warren Albertson, M. D.

(Address) Univ. Hosp.

12889 E 12889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Johnson

(a) Residence: No. 617 W. Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13 1938

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Community Hospital Baltimore Md.

FATHER

13. NAME Frank A. Johnson.

14. BIRTHPLACE (city or town) (State or country) Rockfall W. Va. Westmoreland Co. Pa.

MOTHER

15. MAIDEN NAME Agnes Smith

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Pa.

17. INFORMANT Frank A. Johnson

(Address) 617 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Rockfall W. Va. Date Jan 15 1938

19. UNDERTAKER E. J. Hoff

(Address) Pikesville Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/13 1938 to 1/17 1938

I last saw her alive on January 14 1938 Death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death and related causes of importance were as follows:

Congenital Atelectasis — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

ND If so, specify .....

(Signed) A Baptista M. D.

(Address) University Hospital

42890 F 42890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 N. Calvert St. 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William J. Parker Jr.

If U.S. Veteran specify WAR .....

(a) Residence: No. 2218 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth Streett

6. DATE OF BIRTH (month, day, year) Nov. 9, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. J. Parker Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30-45

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William J. Parker

14. BIRTHPLACE (city or town) (State or country) ------- Virginia

MOTHER

15. MAIDEN NAME Margaret E. Markland

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ruth S. Parker

(Address) 2218 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 1/15 1938

19. UNDERTAKER Henry H. Mears & Son

(Address) 502 N. Calvert St.

Filed 1/14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Jan 13 1938

I last saw him alive on Jan 12 1938 Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Endocarditis	1933
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. L. Gordy M. D.

(Address) 5106 Harford Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42801 CERTIFICATE OF DEATH # 29465 (MB) F 42891

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Effie Lindsay

(a) Residence: No. 3626 Ash Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 8/30/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Patterson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Frank

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Date Jan 17 1938

19. UNDERTAKER Openchowski Sons
(Address) 1325 E. Baltimore St.

JAN 14 1938

20. FILED D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1937. to January 13, 1938.

I last saw her alive January 13, 1938. Death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. A. De Santille M. D.

(Address) Baltimore City Hospitals

F 42892

M. D. B. 1268-9

42892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 28-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5104 Wetherdsville Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Lilly

(a) Residence: No. 5104 Wetherdsville Rd Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of William Lilly

6. DATE OF BIRTH (month, day, year) Dec 25th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Boyd

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Hennick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Esker Boyd

(Address) 5104 Wetherdsville Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date June 15th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from December 10 1937 to January 12th 1938

I last saw h alive on January 12 1938 Death is said to have occurred on the date stated above, at 1130 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset Jan 3

Arteriosclerosis — 10 years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edith Young Md M. D.

(Address) 2801 St Paul St.

M. D. R. 1268-9

F 42893

42893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Nanticoke St., 21-2 Ward)

Length of residence in city or town where death occurred 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Stockhausen — no War Record

(a) Residence: No. 1140 Nanticoke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Carl Stockhausen

6. DATE OF BIRTH (month, day, year): June 16 1862

7. AGE: Years 75 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Schwimmer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Pickles

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Catherine Gunther

(Address) 1140 Nanticoke St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 15 1938

19. UNDERTAKER: Wilhelm & Cook

(Address) 127 St Paul St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 10½ AM

21. DATE OF DEATH (month, day, year): Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1937 to Jan 12 1938

I last saw her alive on Jan 10 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Fibrosclerotic Cardiovascular Disease	1936 5 YR
Other contributory causes of importance: Chr Nephritis	2 YR 1936

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J Nulsen M. D.

(Address) 6816 Eastern Ave

M. D. P. 1268-9

F 42894

42894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 Beehler Ave. Ward) 27-14

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Lewis

(a) Residence: No. 3721 Beehler Ave Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Annie B.

6. DATE OF BIRTH (month, day, year): May 17 1867

7. AGE: Years 70 | Months 9 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md Tr Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

FATHER

13. NAME: John Lewis

14. BIRTHPLACE (city or town) (State or country): Howard Co Md

MOTHER

15. MAIDEN NAME: Margaret Krause

16. BIRTHPLACE (city or town) (State or country): At sea

17. INFORMANT: Annie B. Lewis

(Address) 3721 Beehler Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodland Park Date Jan 15 38

19. UNDERTAKER: Hannan Cook

(Address) 1217 St Paul Street

20. FILED Jan 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12 1938 12 30 PM

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1937 to Jan. 12 1938

I last saw h[illegible] alive on Jan. 6 1938. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart disease — Date of onset 1935

Coronary Thrombosis — Jan 11 1938

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hannah Levin M. D.

(Address) 4818 Reisterstown Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File No. 12895 — Re Wheaton — File No. 12895 — 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Wilsby St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence (in city) or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond J. Griffin

(a) Residence: No. 4000 Wilsby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE~~ of) Evelyn J.

6. DATE OF BIRTH (month, day, year) Aug 12 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Eugene J. Griffin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna L. Mercer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Evelyn J. Griffin

(Address) 4000 Wilsby Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 15 1938

19. UNDERTAKER Wilbert & Paul Sts

(Address) 1217 St Paul St

20. FILED . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH 7:10 AM

21. DATE OF DEATH (month, day, year) Jan 12 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 . 1937 to Jan 12 . 1938

I last saw him alive on Jan 12 . 1938 Death is said to have occurred on the date stated above, at 64 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1932 (1935)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 4309 York Rd

F 42896

42896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 3353

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME George Krapp

(a) Residence: No. Westport Dump St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL JONES HOPKINS MEDICAL SCHOOL Date JAN 14 1938, 19

Place

19. UNDERTAKER
(Address) Wm. H. A. Moore

JAN 14 1938 19 ... Registrar

vse 3351

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1938. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Jan. 6, 1938

For what disease or injury? Acute Peritonitis

Name of operation Laparotomy Date, 6, 19

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. R. Cullen, M. D.
Coroner

(Address) 2757 N Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

42897 CERTIFICATE OF DEATH V 59 F 42897

42897 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1946 EDMONDSON AVE. St., BALTI. Ward)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZABETH C. GRESE If U. S. Veteran specify WAR

(a) Residence: No. 1946 EDMONDSON AVE. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMAL	W	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT. 10/1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME casper grese

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME BARBORA CAPP

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Louis H. GRESE (Address) 3325 CATON AVE.

18. BURIAL, CREMATION, OR REMOVAL Place BALTIMORE CEM. Date JAN. 15/38

19. UNDERTAKER JOHN O. MITCHELL (Address) 1900 EUTAW PL.

20. FILED JAN 14 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from -- 31 1937 to Jan 13th 1938

I last saw her alive on Jan 13th 1938. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema 2 days	
Cardio- Vascular- Renal disease	1932
Other contributory causes of importance: Diabetes	?

Was an operation performed? No Date of

For what disease or injury? ---

Name of operation ----

What test confirmed diagnosis? Physical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1901 Eutaw Place.

M. D. P. 1265-9

42898 HEALTH DEPARTMENT--CITY OF BALTIMORE 42898

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Sq. Hosp. Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. 1 mos. 7 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Kirby
(a) Residence: No. 1311 Poplar Grove Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widow
6. DATE OF BIRTH (month, day, year): Dec 6 1887
7. AGE: Years 50 | Months 1 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: ? Smith
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Robert L. Kirby
(Address) 1311 Poplar Grove St

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Date Jany 15 1938

19. UNDERTAKER: Geo. J. Smith
(Address) 1700 Eutaw Place

20. FILED JAN 14 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1937 to 1-13 1938
I last saw her alive on 1-13 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular renal disease	3 yrs
Uremia	

Other contributory causes of importance:

Broncho Pneumonia - terminal	

Name of operation none Date of
What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Sodaro M. D.
(Address) Franklin Sq. Hospital

F 42899

42899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

22499 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

If U. S. Veteran specify WAR

2. FULL NAME John Szydloski

(a) Residence: No. 206 S. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Szydloski

6. DATE OF BIRTH (month, day, year): Oct 10. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	3	1 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Auguste

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Jan 15 1938

19. UNDERTAKER: John M. Welsh
(Address) 401 N. Chester St

20. FILED ..... 19 ..... [illegible] Registrar.

4-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1937 to 1-13, 1938.

I last saw him alive on 1-12, 1938. Death is said to have occurred on the date stated above, at 6:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Squamous cell carcinoma tongue with metastasis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Pathology + clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

M. D. P. 1285-9

F 42900

42900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hosp (Ward) 3-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Castrilli Jr.

(a) Residence: No. 303 S. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred Castrilli

6. DATE OF BIRTH (month, day, year) Oct 21, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dlr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meats & Sup.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Castrilli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angela Foglia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Castrilli

(Address) 303 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 17, 1938

19. UNDERTAKER Kendall & Tipper

(Address) 400 Gough St

1938 ... Registrar

4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to Jan 13, 1938

I last saw him alive on Jan 13 1938 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure - Pneumonia (Broncho)	

Other contributory causes of importance:-

Appendectomy

Name of operation Appendectomy Date of 1-7-38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Brittingham M. D.

(Address) Franklin Sq Hosp.

12901 E 12901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29261 B 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Orlene Udle

(a) Residence: No. 1076 Granby St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-3-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Udle

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Christine Schenback

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lutheran Cem Date Jan 15 1938

19. UNDERTAKER Russell J. Slagle
(Address) 1421 East Pratt St

20. FILED Jan 15 1938 [illegible] Registrar

4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/21 1937 to 1/13 1938

I last saw her alive on 12/13 1938 Death is said to have occurred on the date stated above, at 12 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	?
Other contributory causes of importance:	
cervical adenitis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Irvin M. Franklin, M. D.

(Address) B. C. H.

42902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42902

CERTIFICATE OF DEATH

√ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital, St., 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grizelda Ward

If U. S. Veteran specify WAR

(a) Residence: No. 1522 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced (or) WIFE of Felix Ward

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

FATHER

13. NAME Benj. Cromwell

14. BIRTHPLACE (city or town) Harford, Co. (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs. Hazel Kelson
(Address) 1303 Presstman St.

18. BURIAL, CREATION, OR REMOVAL
Place National Century to 1/17 38

19. UNDERTAKER T. E. Kelson
(Address) 1303 Presstman st.

20. FILED [illegible] Year.

1-4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937 to Jan 13, 1938

I last saw h[illegible] alive on Jan 13, 1938 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Walter Pennington M. D.

(Address) 1318 Druid Hill Ave.

F 42903

HEALTH DEPARTMENT—CITY OF BALTIMORE

42903

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Lorman St. 15-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary Washington

(a) Residence: No. 1716 Lorman St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Fem.	Colored	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Washington

6. DATE OF BIRTH (month, day, year) — — 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Peggy Monroe

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Lawrence W. Washington (Address) 1320 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1/15/38

19. UNDERTAKER Thomas E. Kelson (Address) 1803 Presstman St.

20. FILED 1/14/1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1937, to Jan. 12, 1938

I last saw h[illegible] alive on Jan. 12, 1938. Death is said to have occurred on the date stated above, at 9.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/21/37
Other contributory causes of importance: Chronic Nephritis	?

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. N. Pickett M. D.

(Address) 1536 W. Lanvale St

F 42904

42904 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) (Ward) 16-2

Length of residence in city or town where death occurred ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Young

(a) Residence: No. 928 E. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 24-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James E Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marion Murdock

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marion Young Smarts
(Address) 928 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 1/15 19 38

19. UNDERTAKER Thomas E. Kelson
(Address) 1373 Preston St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Liver —	Dec 31 1937

Other contributory causes of importance:

Was an operation performed? yes Date of Jan 1-1938

For what disease or injury? Gun shot wound

Name of operation Exploratory Laparotomy Date of 1/1/38

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 12-31 1937

Where did injury occur? in front of 1414 W Lanvale
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury War shot gun

Nature of injury Gun shot — 38 Caliber

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

VS 6

42305 E 42305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Fulton Ave St. 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Weinbaum

If U. S. Veteran specify WAR

(a) Residence: No. 311 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Sophia F. Weinbaum

6. DATE OF BIRTH (month, day, year): 5/11/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stove Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

FATHER

13. NAME: John Weinbaum

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Catherine Miller

16. BIRTHPLACE (city or town) (State or country): Balto, Md.

17. INFORMANT: Sophia Weinbaum

(Address) 311 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Pres. Cath. Cem. Date: 1-15-38

19. UNDERTAKER: Dennard & Arrington

(Address) 2 W 25th St

20. FILED 1-14 1938 19 Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1937 to Jan 13 - 1938.

I last saw him alive on Jan 13 - 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis Lungs Metastasis to Lungs	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? Yes Date of 2 mos ago

For what disease or injury? Carcinoma

Name of operation - Laryngectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert O. Gutsch M. D.

(Address) 2151 Eutaw Ave

F 42906

42906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 1823

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthon Shortz

(a) Residence: No. 810 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tulley Shortz

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuaina

FATHER

13. NAME Anthony Shortz

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuaina

17. INFORMANT Algert Shortz

(Address) 810 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Date 1/15/38 19

19. UNDERTAKER Chas. Kuchmanes

(Address) 6325 Pascal Ave

20. FILED 1/15/38 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

learned in said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cereoral Hemorrnage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Miller M. D.

(Address) 2725 W. Lombard

4 1938

USE

42907 F 42907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital 3rd & Calvert Sts St., 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ralph Little

(a) Residence: No. Darlington Md (R.F.D.) St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/13/35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	—	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work is done, as cotton mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Darlington Md

FATHER

13. NAME Oliver Little

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Cooper

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mother.
(Address) Darlington Md

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Cem. Date Jan. 18 1938

19. UNDERTAKER J. H. & E. Bailey
(Address) Darlington, Md.

20. FILED 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/12/38 . 19 ... to 1/14/38 . 19 ...

I last saw him alive on 1/14/38 . 19 . Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	1/7/38?
abscess of Lungs	1/11/38?

Other contributory causes of importance:

Rickets	
Scurvy, anemia	Life?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) A. Alexander M. D.

(Address) Union Memorial Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

F 42908

F 42908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6820 Eversall ave ST., 27-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gustav Frederick Seiler

(a) RESIDENCE NO. 6820 Eversall Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced WIFE of (or) HUSBAND of Amanda P. Seiler

6 DATE OF BIRTH (month, day, and year) Jan 19-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) self

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fredrick Seiler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry A. Seiler

(Address) 6820 Eversall Ave

15 Filed ____, 19__ Registrar

4 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 11 1938

17 I HEREBY CERTIFY, That I attended deceased from January 3rd, 19__, to January 11, 19__,

that I last saw h__ alive on Monday, Jan 10, 19__

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home Eversall Ave

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & observation

(Signed) Jos. Earnest Lindy, M. D.

, 19 (Address) 1200 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Jan 15 1938

20 UNDERTAKER Milton Schilling 1122 — ADDRESS E. Monument St

12909 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 42909

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3904 Philadelphia Rd St 26-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James W. Robins

(a) Residence: No. 3904 Philadelphia Rd St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Robins

6. DATE OF BIRTH (month, day, year) Dec. 8th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Brick Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Robins
14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Fannie Bustenstein
(Address) 3904 Philadelphia Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Jan. 17 1938

19. UNDERTAKER John A. Miller
(Address) 2334 Jefferson St.

20. FILED JAN 17 1938 Wm. Luther Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Jan~~ 1/13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 1938 to Jan 13th 1938
I last saw h... alive on Jan 13th 1938 Death is said to have occurred on the date stated above, at 5-40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/9/38
Other contributory causes of importance: acute Phlebolithiasis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. J. Faulkner M. D.
(Address) 1191 N. Miller St

42910 ✓ F 42910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29364--CM

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Bell

(a) Residence: No. 304 S. Duncan St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Karl (add. Unknown)

6. DATE OF BIRTH (month, day, year) 12-18-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	---	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Davis (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Francis Chelowski (D)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz's Sem. Date Jan. 15 1938

19. UNDERTAKER John L. Weller
(Address) 1834 Jefferson St

20. Filed JAN 14 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 26 1937 to January 11 1938

I last saw her alive on January 11 1938 Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-4-38
Chronic nephritis	unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 12-28-37

For what disease or injury? Endometrial Hyperplasia

Name of operation Dilatation and curettage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Castelle M. D.
(Address) Baltimore City Hospitals

VS 3

14

42911 F 42911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 N. Patterson Park Ave St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Anton Stolzman

(a) Residence: No. 576 N Patterson Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE of~~) Louisa Stolzman

6. DATE OF BIRTH (month, day, year) Jan 12 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Valentine Stolzman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jenny Sailer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lamar Stolzman

(Address) 576 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan. 15 1935

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St

20. FILED ..... 19..... Registrar.

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Jan 11 1935

I last saw him alive on Jan 10 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1 Yr
Other contributory causes of importance: Anasarca - Toxemia	1 Wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J Leoc M. D.

(Address) 2600 E. Baltimore St

M. D. B. 1268-9

F 42912 HEALTH DEPARTMENT—CITY OF BALTIMORE 42912

CERTIFICATE OF DEATH

111 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Aged of M. E. Church (St.) 27-15 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helen G. Smith

No War Record

(a) Residence: No. 2211 Rogers Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ of ~~HUSBAND~~ (or) WIFE of William Smith

6. DATE OF BIRTH (month, day, year) Dec 26th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Gordon

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Jane Eagleston

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records Home for Aged of M E Church (Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Jan 15th 1938

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ~~Jan 15 1938~~ Jan 15 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937, to January 13, 1938

I last saw h~~er~~ alive on Jany 12, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Pneumonia (Hypostatic)	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C Shannon, M. D.

(Address) 700 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 12913

F 12913 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2792 Alameda Blde. St., 7 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Frederick Holzapfel. If U. S. Veteran specify WAR No Record

(a) Residence: No. 2792 Alameda Blde. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married ~~widowed or divorced~~ HUSBAND of ~~wife of~~ Antoinette Holzapfel

6. DATE OF BIRTH (month, day, year) Nov 18th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enterprise Plating Works

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kirchheim Germany

FATHER

13. NAME John Jacob Holzapfel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna C. Hausch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Wilhelmina Holzapfel 2792 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Jan 17th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED 5 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1930 to Jan. 14, 1938

I last saw him alive on Jan. 14, 1938 Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocarditis	1937
Other contributory causes of importance:	
Hypertension.	1930
Chronic Nephritis	1930

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What (if any) confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bailus L. Taggart M. D.

(Address) 2229 Eutaw Place.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42914

12914

108-1491

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Bon Secours Hosp 30 8 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Margaret Clay

(a) Residence: No. 3704 Frederick Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Harry Clay Jr

6. DATE OF BIRTH (month, day, year) June 25th 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm J. Tydings

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Stumpf

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm H. Clay Jr

(Address) 3704 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Jan 18th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Jan 15 1938 Huntington Williams, M.D.

VS 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/ 1938 to 1/14/ 1938

I last saw her alive on 1/14/ 1938. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1a Lobar pulmonia

Other contributory causes of importance:

Pregnancy

Was an operation performed? Yes Date of 1/7/38

For what disease or injury? Pregnancy

Name of operation Delivery of Stillborn

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Burch M. D.

(Address) Bon Secours Hosp

12915 HEALTH DEPARTMENT—CITY OF BALTIMORE 12915

CERTIFICATE OF DEATH

24-3 82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry J. Dauer

(a) Residence: No. 1291 William St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina M. Dauer

6. DATE OF BIRTH (month, day, year) Jan. 12, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman Balto. City

10. Date deceased last worked at this occupation (month and year) Harbor Board 11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Franz Dauer

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Regina M. Dauer

(Address) 1291 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross 6 A Co Date 1-17 1938

19. UNDERTAKER Bernard C. Hoale

(Address) 121 E. West St

20. FILED JAN 15 1938 Enter William St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) [illegible] Coroner M. D.

(Address) 775 W. Lex.

OCCUPATION is very important. See instructions on back of certificate.

42916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42916

CERTIFICATE OF DEATH 29389 (MB)

Registered No. 15-224

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore city nospitals St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Hawkins

(a) Residence: No. 1837 Kavanaugh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene (sec.)

6. DATE OF BIRTH (month, day, year) 7/1/1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT City nospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/18 19 38

19. UNDERTAKER William A. Jackson
(Address) 916 Pennsylvania ave

20. JAN 15 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to January 13, 1938

I last saw him alive on January 13, 1938. Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanfilla M. D.

(Address) Baltimore City Hospitals

V8 3

F 42917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Anthony F. Lenacka Jr.

(a) Residence: No. 1510 Hazel Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Lenacka

6. DATE OF BIRTH (month, day, year): Nov. 1, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Anthony Lenecka

14. BIRTHPLACE (city or town) (State or country): Chechslovaki

MOTHER

15. MAIDEN NAME: Mary Stepanek

16. BIRTHPLACE (city or town) (State or country): Chechslovaki

17. INFORMANT: Helen Lenecka

(Address): 1510 Hazel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 17 19 38

19. UNDERTAKER: Wm. S. Fiallkowski

(Address): 2007 Eastern Ave

20. FILED ... 19 ... Registrar: Huntington Williams, M.D.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained on said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Glottis	
Suppuration of Glands of Neck	

Other contributory causes of importance:

Was an operation performed? Yes Date, Jan. 14, 1938

For what disease or injury? Suppuration of Glands

Name of operation: Tracheotomy Jan. 14, 1938

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. K. Corbin M. D. Coroner

(Address) 2257 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 42918

42918 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Stirling St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Davis

(a) Residence: No. 824 Stirling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Davis

6. DATE OF BIRTH (month, day, year) Oct 18 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anna Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mirsonia Griffin

(Address) 824 Stirling St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan. 15 1938

19. UNDERTAKER Chas H Corker

(Address) 514 W. Saratoga St

Filed JAN 15 1938 A. E. Fenton Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained, by said inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacillary Dysentery	Jan 10 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) George S. Allen M. D.

(Address) 587 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

F 42919

12919 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B cc 1877

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 1516 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Wyatt

(a) Residence: No. 7900 W Northern St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Hattie Arnold (Reyer)

6. DATE OF BIRTH (month, day, year) Oct 26 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) Part Time

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Thomas Wyatt

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Selina Bordley

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Mamie Bordley

(Address) Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Cemetery Date 1/17, 1938

19. UNDERTAKER Ralph H Griffith

(Address) Chestertown Md

20. FILED Jan 15 1938 Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-4-37
	Some time

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. D. Wood Coroner, M. D.

(Address) 17 W. Pound St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42320

47BF 42920
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 121-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry B. McGee - Magee
If U. S. Veteran specify WAR

(a) Residence: No. 226 S. Fremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mae

6. DATE OF BIRTH (month, day, year) July 4, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 years	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipfloyed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John McGee
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Kelly
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Gertrude Lyons
(Address) 222 S Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 17 1938

19. UNDERTAKER Martin H. E. Dippel
(Address) 37 S. Ann St.

20. FILED ..., 19... Registrar.

Huntington Williams, M.D.

JAN 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1937 to Jan 14, 1938
I last saw him alive on Jan. 14, 1938 Death is said to have occurred on the date stated above, at 11.53 A m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung — Date of onset Sept 37
Pulmonary Tuberculosis — July 37

Other contributory causes of importance:
Broncho-pneumonia — Jan 15th

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard H. Randolph, M. D.
(Address) Mercy Hospital

INSTRUCTIONS: Items must be answered in ink or indelible pencil, and plainly written. See instructions on back of certificate.

12921

HEALTH DEPARTMENT—CITY OF BALTIMORE

12921

CERTIFICATE OF DEATH

Registered No. 7-482-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Covert or Colbert

If U. S. Veteran specify WAR

(a) Residence: No. 942 N. Chapel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Covert

6. DATE OF BIRTH (month, day, year) Nov 6, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Feltman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fannie Hamilton Pacten

(Address) 1118 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Moriah Cemetery Date 1/15 1938

19. UNDERTAKER Charles H. Burkett

(Address) 528 Fremont St

JAN 15 1938 Huntington Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-13-38

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Dr. Reed Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward L. Reed M. D. Coroner

(Address) 1538 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42922 | CERTIFICATE OF DEATH | 59 F 42922

F 42922

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4524 Harford Rd. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Was deceased ever in U. S. Army, Navy or Marine Corps? ... Specify WAR

2. FULL NAME Mary G. Schaller Schaller

(a) Residence: No. 4524 Harford Rd. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin F. Schaller

6. DATE OF BIRTH (month, day, year) 8-10-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Lawrence Wehle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Boos

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Flora Schaller

(Address) 4524 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 1/17/38

19. UNDERTAKER Leonard J. Peck

(Address) 6305 Harford Rd.

20. FILED ... 19... Registrar.

JAN 15 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Jan 13 1938

I last saw ... alive on Jan 13 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932.
Other contributory causes of importance: Chronic Bronchitis Myocarditis	1936

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. L. Gordy M. D.

(Address) 5106 Hayfield Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42923 (top-right) 8 F 42923

Registered No. .....

F 42923

1. PLACE OF DEATH University Hospital (21-2 St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 39 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME June Lee Beckhardt

(a) Residence: No. 1252 Carroll St St., ... Ward, ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) MAY 14. 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	7	39	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Simon B. Beckhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Ruth V. Steinbicomb

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Simon B. Beckhardt

(Address) 1252 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 1/17/1938

19. UNDERTAKER John J. Cowan & Son

(Address) 1901 W. Fallsway

20. FILED JAN 15 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, 19..., to Jan. 13, 1938

I last saw her alive on January 13, 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever ? (mitis),	Jan. 1
Cervical adenitis	Jan. 6
Acute Arthritis-Rt. Knee	Jan. 9
Acute Nephritis	
Bacteremia. Cellulitis Rt. Leg	

Other contributory causes of importance:

Contributory Failure

Was an operation performed? Yes Date of Jan. 13, 1938

For what disease or injury? Amputation for gangrene ?

Name of operation Canulo - Blood transfusion

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) W. B. Long M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Harry V. Clayton ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42924 F 42924

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH U. S. NAVAL HOSPITAL, BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. 4 - 2 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry V. Clayton If U. S. Veteran specify WAR

(a) Residence: No. 645 W. Lombard St., Balto. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Seamone

6. DATE OF BIRTH (month, day, year) Dec. 4, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Selling papers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Harry Clayton

14. BIRTHPLACE (city or town) (State or country) ? Virginia

MOTHER

15. MAIDEN NAME Laura ??

16. BIRTHPLACE (city or town) (State or country) ? Conn.

17. INFORMANT Records - U.S. Marine Hospital (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore National Date Jan 17th 1938

19. UNDERTAKER Robert Brooks & Son (Address) 17 S. Calhoun St

20. JAN 15 1938 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12 1938 to January 13 1938

I last saw him alive on January 13 1938. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of ileum with multiple metastasis	12-13-37
	own

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? U. S. N. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. M. N. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

V5 3

F 42925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42925

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH U. S. MARINE HOSPITAL, EALTO. MD. Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-60 St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Alton If U. S. Veteran specify WAR S.A.W.

(a) Residence: No. ..... St., ... Ward. Severn River Beach, Annapolis, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah McCann

6. DATE OF BIRTH (month, day, year) May 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) ----

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Prince Frederick Md.

FATHER

13. NAME John A. Alton

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Eliza Gates

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. U.S. National Annapolis Md Date Jan. 17 1938

19. UNDERTAKER Robert Brooks & Son (Address) 17 S. Calhoun St.

20. FILED Jan 15 1938 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to January 14, 1938

I last saw him alive on January 14, 1938. Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, gastric	July 1936
Pneumonia, hypostatic	1-11-38

Other contributory causes of importance:

Was an operation performed? yes Date of Jan. 6-7-10-11. 1938

For what disease or injury? Ulcer, gastric

Name of operation Stomach operation. Blood transfusion

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) T. M. H. a dern M. D.

(Address) U.S. Marine Hospital, Ealto, Md.

F 42926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Baldwin

(a) Residence: No. Arcadia Mt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/10/38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Silas M. Baldwin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edwina Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Lawn Cemetery Date Jan 16 1938

19. UNDERTAKER Henry W. Deming & Sons
(Address) Baltimore Md

20. FILED Huntington Williams, M.D.
JAN 15 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to Jan 14 1938

I last saw her alive on Jan 14 1938 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James A. Rowland M. D.

(Address) Johns Hopkins Hospital

12927 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12927

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Mosher St. 16-1 Ward)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ 4 hours ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Baby Wakel

(a) Residence: No. 1114 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Wakel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Wakel
(Address) 1114 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 15 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED Huntington Williams M.D.
Registrar.

5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/13/38, 19 to 1/13/38, 19

I last saw him alive on Jan 13, 1938 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia both Lungs
Contracted in Montgomery Co.
2 days

Other contributory causes of importance:

Convulsions

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Leo Elkins M. D.

(Address) 924 Madison Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 42928 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42928

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Bonner Rd. Ward) 15-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edgar Louis Starkloff

If U. S. Veteran specify WAR

(a) Residence: No. 3809 Bonner Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia V. Starkloff

6. DATE OF BIRTH (month, day, year) Aug 18 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gov't Auditor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (U.S.)

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William B Starkloff

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louisa Stehl

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. M C Baldwin
(Address) 3820 Chatham Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park, Date Jan 17 1938

19. UNDERTAKER William J Tyson & Son
(Address) North & Pa. Aves.

JAN 15 1938 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/1/37, 19 to 1/14/38, 19

last saw h alive on 1/14/38, 19 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis and pneumonia	3 yrs.
Edema	

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 42929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42929

CERTIFICATE OF DEATH

20-4122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp. (Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Charles Hertlein

(a) Residence: No. 2127 W. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced
Male	white	~~married~~ Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 3, 1826

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Gotfred Hertlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Sommer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 17, 37

19. UNDERTAKER Wm J. Weaver & Sons
(Address) Northern Ave.

Registrar.

JAN 15 1938

Huntington Hillman, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938 to Jan 13, 1938

I last saw him alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

Prostatic Obstruction
Hypertrophied Prostate
Intestinal obstruction

Date of onset

over

Other contributory causes of importance:

Left Arthritis

Was an operation performed? Jan 13, Date of Intestinal obstruction

For what disease or injury?

Name of operation Release of intest. obstruct.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hamilton Kemp, M. D.

(Address) W. B. St.

OCCUPATION is very important. See instructions on back of certificate.

12930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 42930

CERTIFICATE OF DEATH 29846--CM 161-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 25-6 Ward) N. B.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Peregoy

If U. S. Veteran specify WAR

(a) Residence: No. 3801 Leo St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	N. B.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-10-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
New Born		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... cond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Earl

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, (CREMATION), OR REMOVAL
Place Balto. City Hosps. Date 1-11- 1938

19. UNDERTAKER
(Address)

20. FILED 1-15 1938 Huntington Williams, Registrar.

4 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1938, to 1/11, 1938

I last saw him alive on 1/11, 1938. Death is said to have occurred on the date stated above, at 12-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	1/10

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Charles L. Hoffman M. D.

(Address) Balto. City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

42931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42931

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Norfolk Ave. St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel J. Kramer

If U. S. Veteran specify WAR

(a) Residence: No. 3920 Norfolk ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) March 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Kramer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT H. M. Kramer
(Address) 3920 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL
Beth Tfiloh Cmty Date Jan 16 1938

19. UNDERTAKER Sol Levinson Bro.
(Address) 1124-26 W. North ave

20. FILED 15 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1937 to Jan 14, 1938.

I last saw h[illegible] alive on Jan 14, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis.	2 yrs
Hypertension	2 yrs
Other contributory causes of importance:	
Myocarditis	4 mos

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) I. Frederick Leitz, M. D.

(Address) Temple Garden apts

F 42932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42932

CERTIFICATE OF DEATH

V 93-C

Registered No. 27-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Strathmore Ave. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lizzie Cannon

(a) Residence: No. 2915 Strathmore Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Cannon

6. DATE OF BIRTH (month, day, year) Oct 7, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at: this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Michael Schandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anitta Klaus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Etta Minnick

(Address) 2915 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkland N.P. Date Jan. 17 1938

19. UNDERTAKER Fred J. Kraus & Son

(Address) 2100 E. Baltimore St.

20. FILED 1938 A. Leighton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1935 to Jan 14, 1938

I last saw h[illegible] alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] Gordy, M. D.

(Address) 5106 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

42933

HEALTH DEPARTMENT—CITY OF BALTIMORE 42933

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Pearce Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 703 E. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 27 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	23rd	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George B. Pearce

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Matilda Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) John W. Fohr 703 E 21st St

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Jan 17 1938

19. UNDERTAKER (Address) Chas. G. Black 742 W Pratt ave

20. FILED Jan 15 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1938, to 1-14, 1938

I last saw him alive on 1-14, 1938. Death is said to have occurred on the date stated above, at 12:56 m.

The principal cause of death and related causes of importance were as follows:

Peritonitis, Ileocolic Ileus — Date of onset 1-11-38

Other contributory causes of importance:

Broncho-pneumonia, Hypertensive Cardio-renal Dis.

Was an operation performed? Yes Date of 1-12-38

For what disease or injury? Ileocolic Ileus

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elton Rennet, M. D.

(Address) So. Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 42934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42934

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N Caroline St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Kelly

If U.S. Veteran specify WAR

(a) Residence: No. 1827 N Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, year) Don't Know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Dillon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary A. Kelly

(Address) 1827 N. Caroline

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/17/ 1938

19. UNDERTAKER Margaret E. Flynn

(Address) 1422 E. 20 St

[illegible] Huntington Williams, M.D. Registrar

1 5 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1937 to Jan 14 1938

I last saw him alive on Jan 3 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 mos
Other contributory causes of importance: Chronic Bronchial asthma	1 yr

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O B Wade M. D.

(Address) 1279 William St

OCCUPATION is very important. See instructions on back of certificate.

F 42935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42935

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran Specify WAR .....

2. FULL NAME Belle Washington

(a) Residence: No. 1143 Park Ave St., Baltimore Ward. 13

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) Aug 15-1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Bell ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rev. Samuel A. Washington

(Address) 1143 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date 1/17/38 19

19. UNDERTAKER Mrs. George F. Holland & Son

(Address) 1700 Druid Hill Ave

20. FILED 19 Registrar

JAN 15 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12-38 19 to 1-14 19 38

I last saw h.. alive on 1-14-38 19 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory cause of importance: Diabetic Coma	?

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Autopsy & Laboratory

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lt. Maloney M. D.

(Address) Provident Hospital Baltimore, MD

OCCUPATION is very important. See instructions on back of certificate.

F 42936

42936 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1633 W. Lanvale St. 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah F. Smith
If U. S. Veteran specify WAR

(a) Residence: No. 1633 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel A.

6. DATE OF BIRTH (month, day, year) Feb. 18-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) New Orleans

MOTHER

15. MAIDEN NAME Sarah V. Jones

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Daniel A. Smith
(Address) 1633 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date 1/16/35

19. UNDERTAKER Mrs. George H. Collard
(Address) 1631 Druid Hill Ave

20. FILED Jan 15 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 13, 1935
I last saw h[illegible] alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/10/35
Other contributory causes of importance: Nephritis. Chronic	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Bryd, M. D.
(Address) 1536 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

F 42937

42937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N. Carey ST. 15-1 WARD)

2—FULL NAME Agnes Reginia Duckett

(a) RESIDENCE NO. 1527 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A.A.	Married

6 DATE OF BIRTH (month, day, and year) 2/14/96

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) Elkridge
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Faiten

13 BIRTHPLACE OF MOTHER (city or town) Balto Co.
(State or country) Maryland

14 Informant Charles Duckett
(Address) 1527 N. Carey St

15 Filed 1-15 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/12/38

17 I HEREBY CERTIFY, That I attended deceased from 1/9 1938 to 1/12 1938

that I last saw her alive on 1/12 1938

and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Valvulitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

1938 (Address) 1822 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Odd Fellow Cem Elkridge	1/16 1938

20 UNDERTAKER Rayner Sanders ADDRESS 1413 E Preston St

Important. See instructions on back of certificate.

F 42938 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42938

CERTIFICATE OF DEATH √ x 139-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs. Almira Lockard

If U. S. Veteran specify WAR

(a) Residence: No. Frickstown Md. St., Ward.

(Usual place of abode) (If non-resident give city and town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow - sep

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Asbury Allgire

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Saylor Emily

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Westminster Md William A. Lockard

18. BURIAL, CREMATION, OR REMOVAL Place Gunpowder Md. Date 1/16/38

19. UNDERTAKER (Address) C. C. Fuss & Son Westminster Md

JAN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1938 to Jan 15th, 1938

I last saw her alive on Jan 15th, 1938 Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Jan 11th 1938
Pelvic Cellulitis	Jan 11th 1938

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 10th 1938

For what disease or injury? Retroverted Uterus Epithelioma Cervical

Name of operation Watkins Interposition, Cervical Amputation + Perineorrhaphy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. King Seegar Jr M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

12939

HEALTH DEPARTMENT—CITY OF BALTIMORE

12939

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100-Rueckert Ave. St., 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry K. Stromer

If U. S. Veteran specify WAR no

(a) Residence: No. 3100-Rueckert Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia (Seidel)

6. DATE OF BIRTH (month, day, year) 7/25/1878

7. AGE Years	Months	Days	If LESS than 1 day, ~~yrs.~~ or ~~mos.~~ min.
59	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Stromer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary (Franz)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Amelia Stromer
(Address) 3100-Rueckert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/17/38

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED JAN 16 1938 Huntington Wilhelm, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 13, 1938

I last saw him alive on Jan 13, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-10-38
Chronic Myocarditis	Jan 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gordy, M. D.

(Address) 3706 Harford Road

F 42940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42940

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 White Ave St., 27-K Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 10 yrs. ... mos. ... ds.

2. FULL NAME Anton Willeke

If U. S. Veteran specify WAR .....

(a) Residence: No. 3202 White Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Maria (Stevens)

6. DATE OF BIRTH (month, day, year) Aug 27, 1884.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 20 Yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bontkirchen Germany

FATHER

13. NAME Julius Willeke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —— Birkenhauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Willeke (Son)
(Address) 3202 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 17 1938

19. UNDERTAKER J. Melville Jenkins
(Address) 1605 E. Lafayette Ave.

20. [illegible] 19... Registrar

JAN 10 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1937 to Jan 13 1938

I last saw him alive on Jan 13 1938 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset .....

Other contributory causes of importance:

Senile Arteriosclerosis

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) C. P. Carman M. D.

(Address) 1701 N. Caroline St.

42941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42941

CERTIFICATE OF DEATH

Registered No. 89-a

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (Name of Hospital or Institution) Caton Ave & Dulaney (Ward) 28-1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Cecelia Style

(a) Residence: No. St Vincents Asylum St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-6-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Anna Style
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT St Vincents Asylum
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem 1/16 38

19. UNDERTAKER Joseph F. Gallagher
(Address) 1301 Light St.

20. FILED Huntington Williams, M.D.

JAN 16 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-38

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1938, to 1-15, 1938. I last saw h... alive on 1-15, 1938. Death is said to have occurred on the date stated above, at 11 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1-5-38
Mastoiditis	
Sinus Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury? Bilateral Acute Mastoiditis
Name of operation Bilateral mastoidectomy
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.
(Address) St Agnes Hospital

F 12942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12942

CERTIFICATE OF DEATH

1209 M

1. PLACE OF DEATH: Baltimore City Hospital
CITY OF BALTIMORE: (No.) Baltimore, Md. (St.) (Ward) 27-17

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Epps

☐ U.S. Veteran
specify WAR

(a) Residence: No. 2004 Kelly Ave., (St.) Mt. Washington, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Louis Epps
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME India Unknown
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Records Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va. Date 1/16/38

19. UNDERTAKER (Address) Mrs. George R. Collard 1631 Druid Hill Ave

20. FILED JAN 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-10-38, 19 to 1-13-38, 19
I last saw him alive on 1-13-38, 19 Death is said to have occurred on the date stated above, at 5:10P m.

The principal cause of death and related causes of importance were as follows:		Date of onset
Arterior sclerosis	Prior to	1-10-38
Diabetes	"	1-10-38
Other contributory causes of importance:		
Traumatic psychosis.	"	1-10-38

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was autopsy performed? Yes

Dr. Geo. S. Allen Coroners doct

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Dec 18 1937
Where did injury occur? 36 and Roland Ave Baltimore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Was thrown from car on 12-18-37
Nature of injury Wound head was trained to Johnhopkins Hospital 1-4-1938

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmuck, M. D.
(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12943

V 131

CERTIFICATE OF DEATH

F 12943

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 S. Linwood Ave. St., 1 - 25 Ward)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Anna Haase

(a) Residence: No. 143 S. Linwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Haase

6. DATE OF BIRTH (month, day, year) 2/29/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Nicholas Ash

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Arabella Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ernest Haase

(Address) 3736 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Jan 18, 1938

19. UNDERTAKER John Wehrle

(Address) 1002 E. Oliver

20. FILED JAN 16 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937 to Jan 15, 1938

I last saw her alive on Jan 15, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	April 1937
Other contributory causes of importance: aortic insufficiency	June 1937

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Lab. physical exam. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Morris H. Hamovit M. D.

(Address) 1705 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

42944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 42944

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No.) St. 76-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dale Monte Lusk

(a) Residence: No. 607 S. Newkirk St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 - 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Oscar Lusk

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emma Lobbin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Oscar Lusk

(Address) 607 Newkirk St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 17 193

19. UNDERTAKER John Ellis & Bro

(Address) 2005 Eutaw

20. FILED Jan 19 1938 Wilmer [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Instant Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-14 38

Where did injury occur? Rear 609 Bell S. Olhom St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Child run over by the front axle of a moving truck and knocked down

Nature of injury

Was injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert L Gurley Coroner M. D.

(Address) 904 N Chas St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

3 8 7 4 7
12915

HEALTH DEPARTMENT—CITY OF BALTIMORE F 42915

CERTIFICATE OF DEATH

82-W

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-8 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew John

(a) Residence: No. 3712 Guilford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 3/7/74

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME Andrew John

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Yost

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Knoll Cem. Date Jan 17, 1938

19. UNDERTAKER Chas. Gillis & Sons
(Address) 200 E. Eager

20. FILED JAN 16 1938 Clinton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 14, 1938
I last saw him alive on Jan 14, 1938. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Cerebral Hemorrhage 2T	1-6-38
Other contributory causes of importance:	
Terminal bronchopneumonia	1-12-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frederick H. Hesser, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42946

F 42946

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East Balt. Gen. Hosp. St., 15-10 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James W. Hewitt

(a) Residence: No. 3813 Chatham Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Hewitt

6. DATE OF BIRTH (month, day, year) April 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City.

FATHER

13. NAME James P Hewitt

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Elizabeth Hamilyn

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Edith M Hewitt
(Address) 3813 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date Jan. 18 1938

19. UNDERTAKER E H Lamborn
(Address) 1003 N Eutaw St

Huntington Williams, Registrar.

JAN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1938

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1937 to Jan 15 1938

I last saw him alive on Jan 15 1938. Death is said to have occurred on the date stated above, at 6.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease with myocardial failure	1937
Chronic Nephritis	1932

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Wilson Lewis, M. D.

(Address) WBJ

OCCUPATION is very important. See instructions on back of certificate.

42947 HEALTH DEPARTMENT—CITY OF BALTIMORE 42947

CERTIFICATE OF DEATH

34-131

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 42-6 Ward)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. LaPlant

If U. S. Veteran specify WAR

(a) Residence: No. 4 Link Ave., Arbutus St., Ward. Harpate, Glen Burnie, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys E. Deakins LaPlant

6. DATE OF BIRTH (month, day, year) June 12, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 ~~42~~	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage do

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport Vermont

FATHER

13. NAME George LaPlant

14. BIRTHPLACE (city or town) (State or country) St. Monic Canada

MOTHER

15. MAIDEN NAME Mary Dupre

16. BIRTHPLACE (city or town) (State or country) Nicolet Canada

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place OldBalto. Nat'l Cem. Date Jan. 17 1938

19. UNDERTAKER Dr. Amoran
(Address) 1003 W. Baltimore St.

20. FILED JAN 16 1938 Hennington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937 to January 14, 1938

I last saw him alive on January 14, 1938 Death is said to have occurred on the date stated above, at 12:03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	1914
Nephritis, parenchymatous, chronic	July 1937
Aortic insufficiency	unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-9-37

For what disease or injury? Aortic insufficiency

Name of operation Paracentesis, abdomen

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) I. M. A. Amoran M. D.

(Address) U. S. Marine Hospital, Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 12948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12948

CERTIFICATE OF DEATH

XV 122-a

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Clarence Brown (Clarence C. Brown

(a) Residence: No. Hammonds ferry Rd. St., Lansdowne Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
~~WIFE of~~ HUSBAND of Mrs Edith E Brown

6. DATE OF BIRTH (month, day, year) October 30, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad machinist

10. Date deceased last worked at this occupation (month and year) Sept. 10, 1937

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Frank A. Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Duvall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edith E. Brown

(Address) Hammonds Ferry Road, Lansdowne

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 18, 1938

19. UNDERTAKER

(Address) 1003 E. Baltimore St.

20. FILED Jan 18, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1938 to 1-15, 1938

I last saw h in alive on 1-15, 1938 Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventral abdominal Hernia	
wound Infection	
Septicemia	

Other contributory causes of importance:

Name of operation Repair of Hernia Date of 1-13-38

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) St Agnes Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12949

HEALTH DEPARTMENT—CITY OF BALTIMORE

12949

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Sa) Mat. General Hospital St., ... Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert Hissey

If U. S. Veteran specify WAR

(a) Residence: No. 5500 Windsor Mill Rd. St., (Usual place of abode) ... Ward. Woodlawn Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Laura V. Hissey

6. DATE OF BIRTH (month, day, year) 11/4/1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business

10. Date deceased last worked at this occupation (month and year) September 1936

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John M. Hissey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maude Shipley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Laura V. Hissey

(Address) 5500 Windsor Mill Rd., Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Jan. 17 1938

19. UNDERTAKER C. W. Amonett

(Address) 1005 N. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6/38. 19 ... to 1/13/38. 19 ...

I last saw him alive on 1/13/38. 19 ... Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Myocardial Failure, Chronic Nephritis	
Senile Infirmity	
Arteriosclerosis	

Other contributory causes of importance:

Chronic rheumatism

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard J. Williams M.D.

(Address) Md. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

JAN 18 1938

F 12950

HEALTH DEPARTMENT—CITY OF BALTIMORE 12950

Lumbard

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4817 East Eighteenth St. 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma N. Lee Lund

If U. S. Veteran specify WAR .....

(a) Residence: No. 4817 East Eighteenth St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence D. Lowland

6. DATE OF BIRTH (month, day, year) June 14-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Nugent

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. N. Lee Lumbard

(Address) 4817 East Eighteenth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 17 - 38 19

19. UNDERTAKER F. J. Shepard & Son

(Address) 1500 Eutaw Place

FILED JAN 16 1938 19 [illegible] Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 - 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 19 38 to Jan 14 19 38

I last saw h alive on Jan 14 19 38 Death is said to have occurred on the date stated above, at 1 1/2 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/10/38
Hypostatic Pneumonia	1/13/38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Baker M. D.

(Address) 4803 East Eighteenth St.

Lumbard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 42951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42951

CERTIFICATE OF DEATH

148-943

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Catonsville Ave St. 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence C. Kendall

(a) Residence: No. 509 S. Catonsville Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence H. Kendall

6. DATE OF BIRTH (month, day, year) Dec 2-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Tyler

14. BIRTHPLACE (city or town) (State or country) Towson Maryland

MOTHER

15. MAIDEN NAME Rosa Ames

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Clarence H. Kendall

(Address) 509 S. Catonsville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 18 19

19. UNDERTAKER [illegible]

(Address) [illegible]

JAN 16 1938 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1937 to Jan 14 1938

I last saw her alive on Jan 13. 1938 Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlebitis left leg	Dec. 30. 1937.
Pulmonary Embolism	Jan 2. 1938
Coronary Embolism	Sudden

Other contributory causes of importance:

Normal Full Term Delivery Nov 11 1937

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot N. Adams M. D.

(Address) 3432 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42952

42952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-2 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lillie J. Catt

(a) Residence: No. 4602 Frederick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee F. Catt

6. DATE OF BIRTH (month, day, year) July 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ann Conden

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Frances M. Porter

(Address) 4602 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Jan. 17 1938

19. UNDERTAKER J. B. Shepard & Son

(Address) 1320 Eutaw Place

20. FILED JAN 17 1938 Registrar Huntington Williams M.D.

156

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	1-13-38
Fracture of Ribs	1-13-38
Fracture Right Ulna	1-13-38
Other contributory causes of importance: Shock	1-13-38

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Xrays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-13 1938

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down stairs

Nature of injury Fractures; shock

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42953 Firoved ✓ F 42953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Edgewood St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Warren Firoved

(a) Residence: No. 727 Edgewood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Ida Firoved

6. DATE OF BIRTH (month, day, year) Dec 3-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 7 1

12. BIRTHPLACE (city or town) (State or country) Balto, md

FATHER

13. NAME Anderson A. Firoved

14. BIRTHPLACE (city or town) (State or country) Kenova, Pa

MOTHER

15. MAIDEN NAME Lucie Puckett

16. BIRTHPLACE (city or town) (State or country) Balto, md

17. INFORMANT Ray F. Firoved

(Address) Hampstead, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Jan. 17, 1938

19. UNDERTAKER Harry Weber

(Address) Sykesville Md.

20. FILED , 19 Registrar.

JAN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1931 to Jan 14, 1938

I last saw him alive on Jan 14 1938 Death is said to have occurred on the date stated above, at 8.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Senile	
Dilatation of Heart	✓

Other contributory causes of importance:

General Arteriosclerosis ✓

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ , 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edwin A. Free M.D.

(Address) 1219 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Price ✓ F 12954

12954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Ave St. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ✓ mos. ✓ da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Price

If U. S. Veteran specify WAR

(a) Residence: No. Home for the Aged of the M.E. Church Ward. Parkton

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Price

6. DATE OF BIRTH (month, day, year) Nov. 18. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

FATHER

13. NAME Lewis Wright

14. BIRTHPLACE (city or town) (State or country) Caroline Co Md.

MOTHER

15. MAIDEN NAME Sarah Harriman

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Md

17. INFORMANT Records of the Home (Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 1/16 1938

19. UNDERTAKER Mahorney Co (Address) 1217 E Fayette St

20. FILED JAN 16 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 8 1938 to Jany 15 1938

I last saw her alive on Jany 14 1938 Death is said to have occurred on the date stated above, at 9.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	
Arteriosclerosis	

Was an operation performed? No. Date of ✓

For what disease or injury? ✓

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) George B. Shannon M. D.

(Address) 700 N Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE 42955

42955

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Cator Ave St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Virginia Stewart If U. S. Veteran specify WAR No Record

(a) Residence: No. 618 Cator Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel A

6. DATE OF BIRTH (month, day, year) Dec 25-1878

7. AGE: Years 59 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Wells A Clayton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Travers

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Samuel A Stewart
(Address) 618 Cator Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1/17 1938

19. UNDERTAKER Wellington Cook
(Address) 1217 St Paul

20. FILED Jan 16 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

8 P.M.

21. DATE OF DEATH (month, day, year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1937 to Jan 14 1938

I last saw her alive on Jan 14 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1938
Arteriosclerosis	1937
Coronary Thrombosis	1938
Other contributory causes of importance: Senile Cardiac Debility	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) E. A. Crisp, M. D.

(Address) 501 Shenandoah

AFTER CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12956

F 12956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 E. Preston St. 10-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edward H. Fink Jr.

(a) Residence: No. 1013 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Nora E. Fink

6. DATE OF BIRTH (month, day, year) Nov 12th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	2 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. El Dallo Co

10. Date deceased last worked at this occupation (month and year) 930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Julius Fink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Trimpe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edw. H. Fink Jr.
(Address) 1013 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Jan 18th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Wheeler Coroner M. D.

(Address) 1914 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 16 1938

F 42957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42957

CERTIFICATE OF DEATH

82-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Maine Ave St.) (Ward) Life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emma Albert Ward

(a) Residence: No. 4210 Maine Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Wilbur F. Ward

6. DATE OF BIRTH (month, day, year) Jan 13 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	0	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Moses Albert Pa.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Maria Pa.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Ward
(Address) 2909 Mt Holly st.

18. BURIAL, CREMATION, OR REMOVAL

Place Int Alvet Date 1/17 19 38

19. UNDERTAKER Wilkens Cook
(Address) 1217 St Paul St

20. FILED JAN 16 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH 12 45 am

21. DATE OF DEATH (month, day, year) Jan 15 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24 . 1937 to Jan 15 . 1938

I last saw her alive on Jan 15 . 1938. Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Hemorrhage	14 hrs
Cerebral Arteriosclerosis	
Chronic Nephritis	
Hypertension	
Other contributory causes of importance:	
Pneumonia Anterior	1 day

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Carroll Pockard M. D.

(Address) 4 E Preston St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

42958 CERTIFICATE OF DEATH 131 F 42958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Belt St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Robert Stabbins

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1824 Belt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Emma Louise Stabbins

6. DATE OF BIRTH (month, day, year) June 11th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Robert Stabbins

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha Woods

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Emma L. Stabbins

(Address) 1824 Belt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan 17th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Jan 16 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1938 to Jan 14, 1938

I last saw him alive on Jan. 14, 1938. Death is said to have occurred on the date stated above, 10.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General and cerebral arteric sclerosis, cardio vascular renal disease	?
Other contributory causes of importance: Uraemia	1 week

Was an operation performed? no Date of - - - -

For what disease or injury? - - - -

Name of operation - - - - -

What test confirmed diagnosis? D. f Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - - -

(Signed) Harry Weibel, M. D.

(Address) 1224-1226 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42959 ✓ F 42959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27457--RHW

46-E

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X/S yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Amandt

If U. S. Veteran specify WAR No Record

(a) Residence: No. 729 S. Ponca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
female	white	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Joseph Amandt

6. DATE OF BIRTH (month, day, year) 11/11/1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1 ✓	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Weigard

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Harriett Greek

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Meadow Branch Cemetery Westminster Md Date Jan 17th 38

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

JAN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-13 1937 to 1-14 1938

I last saw her alive on 1-13 1938 Death is said to have occurred on the date stated above, at 9 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 42960 HEALTH DEPARTMENT—CITY OF BALTIMORE B 42960

CERTIFICATE OF DEATH

500 Block of Laurens Ph 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 Constitution Science Place (St.) Wrightsville Park (Ward)

Registered No.

(If death occurred in hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Alfred Samuel Taft.

(a) Residence: No. 1401 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonora A Taft.

6. DATE OF BIRTH (month, day, year) Dec 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goldsborough

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

FATHER

13. NAME Alfred Samuel Taft

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen S. Taft (Address) 1401 Homestead St

18. BURIAL, CREMATION, OR REMOVAL London Park Crematorium Date Jan 17 38

19. UNDERTAKER Wilson Funeral Home (Address) 1211 Pennsylvania Ave

20. FILED Jan 17, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemmorhage	Jan 15, 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Evans Coroner, M. D.

(Address) Coroner

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12961 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12961

CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Barrington Road St., 15-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hobbs Gerhardt

If U.S. Veteran specify WAR ....

(a) Residence: No. 3811 Barrington Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ann Luck

6. DATE OF BIRTH (month, day, year) May 21, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ? Gerhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily Jane Carter

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Elizabeth J. Gerhardt
(Address) 3811 Barrington Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 1/17/38

19. UNDERTAKER E. Zorzmeir & Son
(Address) 805 N. Calvert St.

20. FILED ..... 19 ..... Registrar

JAN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1938

22. I, HEREBY CERTIFY, That I attended deceased from April 20, 1937 to Jan 14, 1938

I last saw him alive on Jan 13, 1938 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma prostate gland	About 1 year
Other contributory causes of importance: Pyelonephritis - acute	about 2 mos.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Shoulars M. D.

(Address) 7140 Oakland Baltimore, Md.

Instructions: Use typewriter or write in ink. Fill in all items. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12962

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Carrollton Ave St., 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Watts

If U. S. Veteran specify WAR

(a) Residence: No. 511 N. Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) May 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME William H. Watts

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

MOTHER

15. MAIDEN NAME Adaline Dock

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT William Watts
(Address) 511 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 1/17/38

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED ... 19 ... Registrar.

JAN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1938 to Jan 13 1938

I last saw h. alive on Jan 13 1938. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/4/38
Other contributory causes of importance: Arteriosclerosis	10 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify ...

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12963 HEALTH DEPARTMENT—CITY OF BALTIMORE 12963

CERTIFICATE OF DEATH

53-E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial St. 17th Ward)
Length of residence in city or town where death occurred 20 yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Morgan Hobart Armstrong
(a) Residence: No. 822½ Grace Church Rd St, Ward. Silver Springs Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M Armstrong

6. DATE OF BIRTH (month, day, year) Sept 9. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month, day, year) Dec 1937
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Saybrook Conn

FATHER
13. NAME William H Armstrong
14. BIRTHPLACE (city or town) (State or country) Hawaii Island

MOTHER
15. MAIDEN NAME Mary E Morgan
16. BIRTHPLACE (city or town) (State or country) New York N Y

17. INFORMANT Edith M Armstrong
(Address) Round Top Silver Spring Md

18. BURIAL, CREMATION, OR REMOVAL
Cremation Loudon Park 1/16 38

19. UNDERTAKER Wilson Co
(Address) 1217 E Fay St

20. FILED JAN 16 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/38

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1937 to 1-16- 1938

I last saw him alive on 1-15- 1938. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	
Senility	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12-31-37
For what disease or injury? Lymphosarcoma
Name of operation Neck gland Biopsy
What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H Levi M. D.
(Address) Union Memorial Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12964

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 S. Highland ave. 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Garefalia Marcakis

If U. S. Veteran specify WAR .....

(a) Residence: No. 201 S. Highland ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (~~Husband~~) (or) WIFE of Nicholas Marcakis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Emanuel Pamfilis

14. BIRTHPLACE (city or town) (State or country) Greek

MOTHER

15. MAIDEN NAME Stamatina

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Nicholas Marcakis

(Address) 201 S Highland ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 17 1938

19. UNDERTAKER John A. Mahan

(Address) 3000 E. Balto St.

20. FILED JAN 16 1938 Clayton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Jan 14. 1938

last saw her alive on Jan 14. 1938 Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexia Cerebralis	1/14/38
Heart	
Other contributory causes of importance:	
Chronic Myocarditis	Unknown
Cardiac Asthma	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Hugh A. Lyddy M. D.

(Address) 3325 Eastern

Information should be typewritten or legibly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12965

HEALTH DEPARTMENT—CITY OF BALTIMORE

12965

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Mayfield ave St. 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Elliott

If U. S. Veteran specify WAR .....

(a) Residence: No. 2800 Mayfield ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced (or) WIFE of Daniel J. Elliott

6. DATE OF BIRTH (month, day, year) Sept 24 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Peter Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Catherine Harrington

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marguerite Elliott
(Address) 2800 Mayfield ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 1/17/ 38

19. UNDERTAKER John J. Doran
(Address) 3008 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

JAN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/ 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25 1937 to 1/14/ 1938

I last saw h alive on 1/14/ 1938 Death is said to have occurred on the date stated above, at 3.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1/13/38
Carcinoma of Stomach	7/25/37
Other contributory causes of importance, Carcinoma	7/25/37

Was an operation performed? Yes Date of 7/25/37

For what disease or injury? Carcinoma of Stomach

Name of operation Laparotomy & Gastrectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Kurtz M. D.

(Address) 502 E 22nd St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12966

F 12966

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4831 Belair Rd St. 76-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth 80 yrs. 0 mos. 6 ds.

2. FULL NAME John Brautigam

If U. S. Veteran specify WAR NONE.

(a) Residence No. 4831 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Anna K. Brautigam

6. DATE OF BIRTH (month, day, year): Jan-9-1858

7. AGE: Years 80 | Months 0 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (yrs.) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Mr Brautigam

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mrs Brautigam

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs B. Bateman (daughter)
(Address) 874 Lindsay Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Lutheran Date Jan-17-38

19. UNDERTAKER: Stewart & Company
(Address) 108 Mount Ave

20. FILED JAN 20 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938 to Jan 15 1938

I last saw him alive on Jan 14 1938. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Passive Congestion	
Lungs & Liver	
Hypostatic Cardiac Failure	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stewart & Co M. D.

(Address) 680 Belair Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12967

CERTIFICATE OF DEATH

34-C-124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 N Broadway (Ward) 8-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? 70 yrs. 0 mos. 14 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME John Jacob Wagner

(a) Residence: No. 1526-N-Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Gertrude Wagner

6. DATE OF BIRTH (month, day, year): Jany-1-1868

7. AGE: Years 70; Months 0; Days 14; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hudson Coal Co. 208

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 10 yr.

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Frederick Wagner

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Angelina Thirrauch

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Mrs Edith C. Singewald (daughter) 1520-N-Broadway

18. BURIAL, CREMATION, OR REMOVAL: Final Loudon Park Date Jany-18-38

19. UNDERTAKER (Address): Stewart Mortuary Co. 108 W Monument Ave.

FILED JAN 16 1938 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1937 to Jan. 14 1938

I last saw him alive on Jan 14 1938 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic Nephritis
Luetic aortitis
Arterio-sclerosis

Date of onset

Other contributory causes of importance:

Atrophic cirrhosis (hepatic)
Senility

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter A Anderson M. D.

(Address) 3001 Shannon Drive

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

42968 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 42968

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary St. H-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 76 yrs. ... mos. ... ds.

2. FULL NAME Clara Worthington

If U. S. Veteran specify WAR None

(a) Residence: No. Rochambeau Apt. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

FATHER

13. NAME Charles E. Worthington

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Maria Logan

16. BIRTHPLACE (city or town) (State or country) Winchester Va.

17. INFORMANT Mr Bruce Worthington (bro)
(Address) Rochambeau apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Winchester Va. Date Jan 17-38

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W Franklin St.

20. FILED ..... 19.....
Registrar.

JAN 16 1938 Pennington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937 to Jan 15 1938

I last saw her alive on Jan 15, 1938 Death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer	1936

Other contributory causes of importance:

Was an operation performed? 0 Date of ...

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wesley J. Ketz M. D.
(Address) Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42969

CERTIFICATE OF DEATH

107-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Elsewood Sanatorium St. 14-W Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Eugene Blake

(a) Residence: No. 1508 Bolton Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma M. Blake

6. DATE OF BIRTH (month, day, year) Feb-1-1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland

FATHER

13. NAME Charles P. Blake

14. BIRTHPLACE (city or town) Kent Co., Md. (State or country)

MOTHER

15. MAIDEN NAME Amanda Riethley

16. BIRTHPLACE (city or town) Kent Co., Md. (State or country)

17. INFORMANT Mr. Bradford E. Blake (son)
(Address) 1804 Walnut Ave. Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date Jan-17-38

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED ..... 19..... Registrar

JAN 16 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Jan 14 1938

I last saw him alive on Jan 14 1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-12-38
Contributory Senility age 85	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Kuyer M. D.

(Address) Williamsport Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12970 F 12970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard J. Barrett

If U. S. Veteran specify WAR

(a) Residence: No. 2319 Watkins St. St., Ward. Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~48~~ 47		1	45	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship.

10. Date deceased last worked at this occupation (month and year) 1-15-37

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Richard Francis Barrett

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Kate Dunn

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Records-U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date 1/20 19 38

19. UNDERTAKER M. J. Valentine
(Address) 232 Catharine St.

20. FILED 19 Registrar.

AN 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, 19, to January 15, 1938, 19

I last saw him alive on January 15, 19 38 Death is said to have occurred on the date stated above, at 6:18pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced.	1934
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) R. K. Bryant M. D.
(Address) U.S. Marine Hospital, Palto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42971

F 42971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 165

Registered No. 1372

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3217 E. Baltimore St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Robert W. Stewart

(a) Residence: No. 3217 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17th 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	8	298	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spreader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory

10. Date deceased last worked at this occupation (month and year) Jan 15-1938

11. Total time (years) spent in this occupation Some time

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert L. Stewart

14. BIRTHPLACE (city or town) (State or country) Wicomico Co Md.

MOTHER

15. MAIDEN NAME Mary Kause

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary Stewart

(Address) 3217 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 18th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Undertaker

JAN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Cervical Vertebrae (Suicide)	Jan. 15-1938
Other contributory causes of importance) Melancholia Acute	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Jan. 15 1938

Where did injury occur? 3217 E. Baltimore St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hung himself in bath room

Nature of injury Fracture Cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Broadway

Coroner

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 6

F 42972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42972

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Barney De Corse

(a) Residence: No. 1805 Edmondson Ave. Catonsville Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie E De Corse

6. DATE OF BIRTH (month, day, year) Dec 2, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. YMCA

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank De Corse

14. BIRTHPLACE (city or town) (State or country) Chestertown Md.

MOTHER

15. MAIDEN NAME Annabel Shirley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Sallie E De Corse

(Address) 1805 Edmondson Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/18/38

19. UNDERTAKER H. McCole

(Address) 1217 E. Pratt St.

20. FILED JAN 17 1938 Registrar Hilliard Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1937 to Jan 16, 1938

I last saw h.. alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 1:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerotic myocardiosis C.V.D.	?
2. Cardiac decompensation	1934
3. Bronchial pneumonia	4-5 days

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Nachman Davidson, M. D.

(Address) University Hospital Balt. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12973

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Inf. St., 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Louis F. Goetzke

If U. S. Veteran specify WAR No Record

(a) Residence: No. 413 No. Monford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cassie Goetzke

6. DATE OF BIRTH (month, day, year): Dec 19 1879

7. AGE: Years 58; Months 0; Days 27; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Store

10. Date deceased last worked at this occupation (month and year): Dec 26 1936

11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Louis Goetzke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Stuber

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louis Goetzke, Son
(Address) 413 N Monford

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: 1/19 1938

19. UNDERTAKER: J. McCabe & Son
(Address) 1219 E Baltimore St

20. FILED: JAN 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1938 to Jan. 16 1938

I last saw him alive on Jan. 16 1938. Death is said to have occurred on the date stated above, at 2:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935
Metastasis of carcinoma	1937
Other contributory causes of importance: Hemorrhage & Secondary Anemia	1937

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12974 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12974

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Cumberland St) (Ward 12)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida M. Gross

If U. S. Veteran specify WAR .....

(a) Residence: No. 531 Cumberland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Gross

6. DATE OF BIRTH (month, day, year) Sept 13 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Benj Janey

14. BIRTHPLACE (city or town) (State or country) Calvert co md

MOTHER

15. MAIDEN NAME Lottie !

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pearl Rhoades.
(Address) 531 cumberland St

18. BURIAL, CREMATION, OR REMOVAL Md
Place Calvert co Date Jan 17 38

19. UNDERTAKER T. E. Kelson
(Address) 1303 Presstman St

FILED JAN 17 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Jan 17 38

I last saw h... alive on June 14 1937. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	about Dec 37

Other contributory causes of importance:

Arteriosclerosis

Pneumonia not Tb

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 733 Cumberland St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42975

92-a

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No.) Bay View St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A. Howard — If U. S. Veteran specify WAR

(a) Residence: No. 2107 Clifwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Carrie Howard

6. DATE OF BIRTH (month, day, year) Oct. 31 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Allen Howard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Nancy C. Manns

Address 2761 Hennick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Jan 17, 1938

19. UNDERTAKER Chenoweth Funeral Home

Address 3615 Gibson St.

FILED JAN 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy or Inquiry thereon and from the evidence obtained by said Inquest / Autopsy or Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	Year
Other contributory causes of importance: Arterio-Sclerosis	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Wood, M. D. Coroner

(Address) 1712 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

12976 CERTIFICATE OF DEATH 12976

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert St. W-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry H. Meyer

If U. S. Veteran specify WAR

(a) Residence: No. Edmondson Ave & Laurel Hill Lane St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabina K. Meyer

6. DATE OF BIRTH (month, day, year) Jan 14. 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary-Treasurer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shepherd Elec Co

10. Date deceased last worked at this occupation (month and year) Jan 13. 1938

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick H. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schmiedel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sabina K. Meyer

(Address) Edmondson Ave. Laurel Hill Lane

18. BURIAL, CREMATION, OR REMOVAL.

Place London Park Date Jan 17. 1938

19. UNDERTAKER Mc & Mc. John W. Tenfel & Son

(Address) 301 W. Fayette St

Jan 17 1938 Arlington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/13 1938 to 1/14 1938

I last saw h. alive on 1/14 1938 Death is said to have occurred on the date stated above, at 9 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Penfold M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27849--REW

F 12977

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) 93-3 95-53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 66 yrs. ..... mos. ..... ds.

2. FULL NAME Frank ~~Gardner~~ or Garden Frank Garden

If U. S. Veteran specify WAR

(a) Residence: No. 1824 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1-17-1871 Gardner

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	~~70~~ 66	11	28 ~~21~~ 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Gardner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 17, 1938

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.

JAN 17 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1937 to January 14, 1938.

I last saw h... in alive on January 14, 1938. Death is said to have occurred on the date stated above, at 1250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	July 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42978

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delores Ollie

(a) Residence: No. 612 Carlton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Ollie

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Hallie Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hallie Ollie
(Address) 612 Carlton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/17 38 19

19. UNDERTAKER William A Jackson
(Address) 46 Penna ave

JAN 17 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. H. Conklin M. D.

(Address) 8 Jewett Terrace

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42979

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 E. 41st St. 9-1 Ward)

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel C. Bennett

If U. S. Veteran specify WAR

(a) Residence: No. 501 E. 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel C. Bennett Sr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Blanche Richardson

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT F. C. Kirk M.D.
(Address) North Ave & Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Dundalk Date Jan. 18 1938

19. UNDERTAKER Wm. Rickert Sons
(Address) Pratt & Fawes.

20. FILED JAN 17 1938 Arlington Wilson Assistant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937 to Jan 15 1938

I last saw him alive on Jan 13 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Ferdinand C. Kirk M. D.

(Address) North Ave & Division

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12980

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Baker St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Mae Kennedy

If U. S. Veteran specify WAR .....

(a) Residence: No. 2812 Baker St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Kennedy

6. DATE OF BIRTH (month, day, year) July 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard M. Partington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Barbara Grimes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. H. Carrington Jr.

(Address) 2812 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 17 38

19. UNDERTAKER Wm. Tucker Wood

(Address) Booth & Davis.

JAN 17 1938

19 ... Registrar

Huntington, Wilcox, 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937 to Jan 17 1938

I last saw her alive on Jan 15 1938 Death is said to have occurred on the date stated above, at 1230 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes.	8 yrs.
Senile anaemia	3 yrs.
Bright's Disease	3 yrs.
Other contributory causes of importance:	
Cardiac trouble.	8 da

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. Wood Jr. M. D.

(Address) 80 W. Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V63

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42981

CERTIFICATE OF DEATH

✓ 161-D

F 42981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S Vincent St. St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Ernst.

If U. S. Veteran specify WAR

(a) Residence: No. 3145 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-7-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ none

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mack Sims

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Lola Ernst.

16. BIRTHPLACE (city or town) (State or country) Northumberland County Va.

17. INFORMANT Mother Emma Ernst
(Address) 314 S Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Jan 17th 38

19. UNDERTAKER E O Weller
(Address) 1000 Bradley

20. FILED JAN 17 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8 1938 to 1-15 1938

I last saw her alive on 1-14 1938 Death is said to have occurred on the date stated above, at 9 Am pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric hemorrhage.	1-15-38

Other contributory causes of importance:
hemorrhagic meningitis

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) L Whitup M. D.

(Address) 4701 Pennington Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12982 HEALTH DEPARTMENT—CITY OF BALTIMORE 12982

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Hightower

If U. S. Veteran specify WAR .....

(a) Residence: No. 1926 E. Eager St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-24-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Hickey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillian Hightower

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother

(Address) 1926 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Bethlehem Cem. Date Jan 17 1938

19. UNDERTAKER Wm Paul Elliott-Deceased

(Address) 1129 N. Caroline St.

JAN 17 1938 Registrar. Evelyn Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12-1938 to 1-15-1938

I last saw him alive on 1-15-1938 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
Interstitial Bronchopneumonia	1-1-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. Wrightsteen M. D.

(Address) Sydenham Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12983

HEALTH DEPARTMENT—CITY OF BALTIMORE 12983

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Home for the Aged 2116 Linden Ave

CITY OF BALTIMORE: (No. 1200 Valley St St. 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Lane

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Lane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sr Gertrude

(Address) 1200 Valley St Baltimore

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Cemetery Date Jan 17, 1938

19. UNDERTAKER Edward W Coughlin Son

(Address) 924 E Eager St.

20. FILED JAN 17 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to June 14 1938

I last saw her alive on Jan 8th 1938 Death is said to have occurred on the date stated above, 14 at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Parker, M. D.

(Address) 111 N Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12984

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 W. Baltimore St. St.) 18-6 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edna M. Sunderland

(a) Residence: No. 922 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Sunderland

6. DATE OF BIRTH (month, day, year) June 21, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Wm. J. ONeil

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Saran V. Smith

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Wm. J. ONeil

(Address) 3020 Arunan Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 1-17-38 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED JAN. 17 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [signature] Coroner, M. D.

(Address) 2757 W Balto

JAN. 17 1938 Finnegan for Williams

E 12984

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

42985

HEALTH DEPARTMENT—CITY OF BALTIMORE

42985

CERTIFICATE OF DEATH

XV 102-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Maud Elvers

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Charles Elvers

6. DATE OF BIRTH (month, day, year) April 10, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Wm. C. Demmerdach

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. C. Fallon

(Address) 6 Elmhurst Rd. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville M.E. Cem. Date Jan 19 1938

19. UNDERTAKER D. F. Eline & Sons

(Address) Reisterstown Md.

JAN 17 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/8/38, 19..., to 1/17, 1938

I last saw her alive on 1/16, 1938 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to post operative adhesions — Date of onset 1/2/38

Other contributory causes of importance:

Peritonitis

Was an operation performed? Yes Date of 1/10/38

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Nachman Landau, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42986 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 42986

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 46-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ida May Corsaw

If U. S. Veteran specify WAR

(a) Residence: No. 501 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. Corsaw

6. DATE OF BIRTH (month, day, year) Dec 27-1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Frank Harrison

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lydia Frederick

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. J. W. Wheeler
(Address) 704 E. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/19/38 19..

19. UNDERTAKER Geo. F. Bayne Jr.
(Address) 1012 Fulton St.

20. FILED JAN 17 19.. Registrar.

Huntington Witness, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/38

22. I HEREBY CERTIFY, That I attended deceased from 1/7 19.. to 1/16 19..

I last saw her alive on 1/10 19.. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of pancreas	?

Other contributory causes of importance:

Ca metastasis to kidney	
Arteriosclerotic C.V. disease	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Cl Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Dixon M.D. M. D.

(Address) Bon Secours Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12987 CERTIFICATE OF DEATH F 12987

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Mallow Hill ave St., 5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank B. Trott

(a) Residence: No. 207 Mallow Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. (Saturn)

6. DATE OF BIRTH (month, day, year) Oct 12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David Trott

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Burkitt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Margaret L Trott

(Address) 207 Mallow Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 1/18/38

19. UNDERTAKER Geo. L. Boyer Jr

(Address) 512 Lemmon St

20. FILED JAN 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/38

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Jan 15 1938

I last saw h[illegible] alive on Jan 15 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Other contributory causes of importance: Cerebral Vascular accident (Apoplexy ?)	1/13/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Triplett M. D.

(Address) 1326 W. Lombard St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

Huntington Williamsport Pa

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12988 — CERTIFICATE OF DEATH — 118 — F 12988

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. L18 N. Mount St. St., 19-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosetta Marie Jackson

(a) Residence: No. 118 N. Mount St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Jackson

6. DATE OF BIRTH (month, day, year) Nov. 28 1914.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Henry Nash

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rosetta Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Herman Nash

(Address) 1841 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 17 19 38

19. UNDERTAKER

(Address)

JAN 17 1938 19 Huntington Williams, M.D.

V 6 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Jan 12
Acute Gastritis	Jan 12

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Walter Hanna M. D.
Coroner

(Address) 1822 W. Baltimore St

V. B.—WRITE PLAINLY, WITH LASTING INK—THE PHYSICIAN, UNDERTAKER AND INFORMANT should be careful in giving information. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42989 CERTIFICATE OF DEATH ✓131 **F 42989**

Registered No.

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Walter Wigley

(a) Residence: No. 1323 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6 8	2 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME George Wigley

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ellen Kelley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Sellman
(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Date Jan 18 1938

19. UNDERTAKER J Vernon Leehner
(Address) 2301 Edmondson Ave

20. Filed JAN 17 1938, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/31/37, 1937, to 1/14, 1938

I last saw him alive on 1/14/38, 1938. Death is said to have occurred on the date stated above, at 5 28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal pneumonia, arteriosclerotic cardiovascular renal disease with myocardial failure.	

Other contributory causes of importance:

Hypertrophic prostate (benign) with occasional retention of urine.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Baltzley, M. D.

(Address) Franklin Sq. Hosp.

V S 3

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42990) CERTIFICATE OF DEATH √23 F 42990

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 17 Ward) 1952

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERTHA BROWN If U. S. Veteran specify WAR

(a) Residence: No. 219 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Brown

6. DATE OF BIRTH (month, day, year) Feb. 28, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME John Weatherspoon

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Patsy Vanderlost

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT (Address) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Jamestown Sc. Date Jan 18, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Lancaster St

20. JAN 17 1938 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to Jan 16, 1938

I last saw h alive on Jan. 16, 1938 Death is said to have occurred on the date stated above, at 12:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Oct 1937.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) L. M. Curtis M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42991

CERTIFICATE OF DEATH

92-4 F 42991

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. 1514 Division St., 14 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johnnie Harrell

If U. S. Veteran specify WAR

(a) Residence: No. 313 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced WIFE of Emily Harrell

6. DATE OF BIRTH (month, day, year) Dec 31, 96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & Pressing Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Timmonsville S.C.

FATHER

13. NAME Robert Harrell

14. BIRTHPLACE (city or town) (State or country) Timmonsville S.C.

MOTHER

15. MAIDEN NAME Nancy Stoutter

16. BIRTHPLACE (city or town) (State or country) Timmonsville S.C.

17. INFORMANT (Address) Grace Jones (sister) 1603 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 17 1938

19. UNDERTAKER Mrs Katie A. Williams

(Address) 322 N Schroeder St.

REC'D JAN 17 1938 Livingston Williams Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24-37. 19 to 1-15-38. 19

I last saw him alive on 1-15-37. 19 Death is said to have occurred on the date stated above, at 4:14 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis + Cardiac Hyp + Dilatation	?

Other contributory causes of importance:

Septic Pulmonary Embolism	1-10-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical + Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Maloney M. D.

(Address) Provident Hospital Baltimore. Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12992 — CERTIFICATE OF DEATH — 29902--CM — F 12992

Registered No. 15-134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Gough, Daisy Jones Gough. If U. S. Veteran specify WAR

(a) Residence: No. 809 Pierce St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence

6. DATE OF BIRTH (month, day, year) 11-25-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Horace Jones (D)

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Mary Dilley (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan 19, 1938

19. UNDERTAKER Mrs Kate R Williams 2 + Schroeder St

JAN 17 1938

20. FILED St. Eustace Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1938, to January 15, 1938.

I last saw h... alive on January 15 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-15-38
Other contributory causes of importance: Gumma of brain	1933

Was an operation performed? Yes Date of 1933

For what disease or injury? Gumma of brain

Name of operation Removal of gumma of brain

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) St. A. De Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12993

HEALTH DEPARTMENT—CITY OF BALTIMORE

12993

CERTIFICATE OF DEATH

92-a oc

1. PLACE OF DEATH Home

Registered No. 1-1

CITY OF BALTIMORE: (No. 923 Binney St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert R. McElwee

If U. S. Veteran specify WAR

(a) Residence: No. 923 Binney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ Jane McElwee

6. DATE OF BIRTH (month, day, year) Nov. 15-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Factory

10. Date deceased last worked at this occupation (month and year) Not for 10 Yrs.

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William McElwee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary J. Owens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Florence Kartlow

(Address) 923 Binney St. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 17, 1938

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	3 Years
Arteriosclerosis, Senility	Some Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D.
Attending

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

V S 6

12994 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12994

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 2626 Fait Ave, St. 1-B Ward)

Registered No. 186-w

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Nicoll

(a) Residence: No. 2626 Fait ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Nicoll

6. DATE OF BIRTH (month, day, year) April 15-1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Mead

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ida M. Caulk

(Address) 2626 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan. 18 1938

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

[redacted] 1938 Huntington Williams, Inc.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1938

22. I HEREBY CERTIFY, That I took care of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~his~~ her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	Jan 15-1938

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 15, 1938

Where did injury occur? 2626 Fait Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12995

CERTIFICATE OF DEATH

Registered No. —

1. PLACE OF DEATH Franklin Square Hosp D7

CITY OF BALTIMORE: (No. — St., 14 — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 1 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Charles Grayson Andrews Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1000 Fredend Road St., — Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Smith Andrews

6. DATE OF BIRTH (month, day, year) 11-4-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comm'l Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9-26-28

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER

13. NAME Chas W. Andrews

14. BIRTHPLACE (City or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Sarah E —

16. BIRTHPLACE (City or town) (State or country) Balti Md

17. INFORMANT (Address) C Warren Andrews Jr 1000 Fredonia Road Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Farrar Cem — Date Jan 9 1938

19. UNDERTAKER Harry N. Armacost & Son

(Address) 1014 Edgewood Ave

20. FILED JAN 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	1/14/38
Other contributory causes of importance	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? Accident Date of injury 1/16 38

Where did injury occur? Patapsco River S of Elkridge Rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Gwynns Falls

Manner of injury Auto skidded into Gwynns Falls

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Hubert Hanley Jr M. D.

Coroner

(Address) 907 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 42996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42996

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Ford

(a) Residence: No. 919 Booth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Was U. S. Veteran? specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Ford

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Robert Clay

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Elizabeth Pige

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary E. Ford N.J.

(Address) 504 Mohawk A. Phil. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Norwood Pa Date Jan 18 19 38

19. UNDERTAKER Kelly & Lukens

(Address) 4 & Baltimore Pa

20. JAN 17 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) H. H. Lukens M. D.
Coroner

(Address) 2757 Kensington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 6

F 42997 HEALTH DEPARTMENT—CITY OF BALTIMORE F 42997

CERTIFICATE OF DEATH

28604 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 24 Ward) 34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Randall

If U. S. Veteran specify WAR

(a) Residence: No. 536 Gold St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 3-4-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Randall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sis Henney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Arbutus Md. Date 1/19 38

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Westport St.

20. FILED JAN 17 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937 to January 15, 1938

I last saw him alive on January 15, 1938 Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1937
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 42998

CERTIFICATE OF DEATH

F 42998

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 9-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ewald Edwardson

If U. S. Veteran specify WAR .....

(a) Residence: No. Broadway Hotel, Balto. Md. St., 800 E Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Sept. 23, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seamen

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) ? (State or country) Finland

FATHER

13. NAME Edward Edwardson

14. BIRTHPLACE (city or town) ? (State or country) Finland

MOTHER

15. MAIDEN NAME Johanne Auldo

16. BIRTHPLACE (city or town) ? (State or country) Finland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date Jan. 17, 1938

19. UNDERTAKER E. Leroy Stoffler, Inc.
(Address) 125 E. North Ave.

20. FILED ..... 19.....
Registrar.

JAN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937 to January 14, 1938

I last saw him alive on January 14, 1938. Death is said to have occurred on the date stated above, at 8:08 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, atrophic	unknown
Pneumonia, lobular	terminal

Other contributory causes of importance:

--	over

Was an operation performed? Yes Date of 1-12-38

For what disease or injury? Cirrhosis of liver

Name of operation Laparotomy, Omentopexy, Babcock operation for varices

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) L. A. Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12999

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 183 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. 1195 S. Durham St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) December 14, 1937

7. AGE Years	Months	Days 2½	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Delmar Clark

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Elsie Fugate

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1938 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 19 Registrar.

Evelyn Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1937, to December 17, 1937

I last saw her alive on December 17, 1938. Death is said to have occurred on the date stated above, at 920 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 17 1938

3756 N

F 43000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43000

159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Byrnes

(a) Residence: No. 1218 Olive St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Wildner

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 15 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Huntington Williams, M.D. Registrar.

JAN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Jan 9, 1938

I last saw her alive on Jan 9, 1938 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	Birth.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Wm. C. Hefler Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WHERE BLANKS APPEAR, WRITE NONE. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43001

F 38891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 to a-159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosalie Hough

(a) Residence: No. 1807 Maryland St., Cre Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12/25/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 mos	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Hough

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Jessie Williams

16. BIRTHPLACE (city or town) (State or country) S-Car-

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1938 Commissioner of Health

19. UNDERTAKER Per H. A. Moore (Address) .....

20. FILED JAN 17 1938 [illegible] REGISTRAR

3753

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 12, 1938

I last saw her alive on Jan 12, 1938 Death is said to have occurred on the date stated above, at 5 30 m.

The principal cause of death and related causes of importance were as follows: Prematurity Congenital Syphilis — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Wasser Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James A. Haviland M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 43002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43002

CERTIFICATE OF DEATH

95-5 D
29435 JS

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., 5-1 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Dixon, Joseph
(a) Residence: No. 1021 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Janie Dixon

6. DATE OF BIRTH (month, day, year): 3-4-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Preacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Min't
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: William
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Frances Dobson
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: JOHNS HOPKINS MED. CH. SCHOOL JAN 17 1938
Date: ...

19. UNDERTAKER: For H. A. Moore
(Address) Huntington Williams Sr

20. FILED JAN 17 1938 Registrar.

3759 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937, to Jan. 8, 1938. I last saw him alive on Jan. 8, 1938. Death is said to have occurred on the date stated above, at 2:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic renal disease	7
Secondary anemia	?

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? CAC Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Sautelle M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 43003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43003

CERTIFICATE OF DEATH

115-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Lanvale St. Ward) 8-3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME George C. Wilhelm

(a) Residence: No. 1523 Lanvale St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wilhelm

6. DATE OF BIRTH (month, day, year) 11-31-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Wilhelm

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah L. Lyons

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E. Wilhelm

(Address) 1523 Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 1-17 38

19. UNDERTAKER Conway J. Bast

(Address) 5305 Harford Rd

Huntington Williams, M.D.

JAN 17 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1938. to January 16, 1938.

I last saw him alive on January 16, 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation Heart	
Acute Indigestion	
Toxic Zeath	
Other contributory causes of importance: Toxic Zeath & Enteritis	

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury none

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. O. Carman M. D.

(Address) 701 N. Carrollton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13004 E 13004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Shuster St., 7-4 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos., ds.

If U. S. Veteran specify WAR

2. FULL NAME Allen W Webster Jr

(a) Residence: 901 Shuster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Webster

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) about

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lauden Co Va

FATHER

13. NAME Allen Webster Sr

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Priscilla Walden

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie E Webster

(Address) 901 Shuster St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date 1-18- 38

19. UNDERTAKER Bryant Marie W. Knight

(Address) 1201 N. Eutaw St

JAN 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	about Dec 1939
a reason	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George E. Allen M. D.
Coroner

(Address) 501 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 43005

43005 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Pinewood Ave. St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Freda A. Thalheim

(a) Residence: No. 4004 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Karl F. Thalheim

6. DATE OF BIRTH (month, day, year) Aug. 5, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Lebrecht Marder

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown ~~Germany~~

17. INFORMANT (Address) Mr. Karl F. Thalheim 4004 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 18, 1938

19. UNDERTAKER (Address) Frederick Loeffler 7401 Belair Road

JAN 17 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Jan 15, 1938

I last saw her alive on Jan 13, 1938 Death is said to have occurred on the date stated above, at 3:35 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast — Date of onset Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Harding M. D.

(Address) 4810 Belair Rd

INSTRUCTIONS: WRITE IN INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13006

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207-Poplar Grove St., 15-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin G. Kenney

If U. S. Veteran specify WAR

(a) Residence: No. 2207-Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. (Shanklin)

6. DATE OF BIRTH (month, day, year) 7/4/1878

7. AGE Years	Months	Days	If LESS than 1 day XXXXXX or min.
59	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Kenney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane (Divers)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Julia M. Kenney

(Address) 2207-Poplar Grove Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/18/38 19

19. UNDERTAKER George G. Ruth Inc.

(Address) 17.5-Harford Ave.

20. FILED JAN 17 1938 19 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the body and from the evidence obtained by said (Inquest, Autopsy or Inquiry) I find that said deceased came to ... Jan. 15 1938 at 11.15 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Heuisler Brandt M. D. Coroner

(Address) Title Attorney

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43007 Devereux ✓ F 43007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) | Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Mifflen Devereux | If U. S. Veteran specify WAR No Record

(a) Residence: No. Wyman Park apts St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced: HUSBAND (~~or WIFE~~) Lucy B. C. Devereux

6. DATE OF BIRTH (month, day, year) July 26, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer 0-73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B-O R.R.

10. Date deceased last worked at this occupation (month and year) 1/13/38

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Dover N.H.

FATHER

13. NAME Richard F. Devereux

14. BIRTHPLACE (city or town) (State or country) Nakawa

MOTHER

15. MAIDEN NAME Cora E. Mifflen

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT (Address) Edward Chas. Devereux Wyman Park apts

18. BURIAL, CREMATION, OR REMOVAL Place Hopkinton N.H. Date Jan 17th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul st

20. FILED ... 19... Registrar

JAN 17 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937 to Jan 15, 1938

Last saw h... alive on Jan 15, 1938 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1-13-38
rupture of L. Ventricle	1-15-38

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert Hillis M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43008

43008

CERTIFICATE OF DEATH

28641 JS

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Colton Welch

(a) Residence: No. 706 McHenry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) 11-16-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Laura Harheart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 19 1938

19. UNDERTAKER Ambrose Emery
(Address) 101 Widness St.

20. FILED JAN 17 1938 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1937 to January 16, 1938.

I last saw h... alive on January 16, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia 1-12-38

Other contributory causes of importance:

Hypertensive cardiovascular disease 4 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santella, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43009 Cimino ✓ F 43009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Salvatore A. Cimino

If U. S. Veteran specify WAR

(a) Residence: No. 600 N. Decker Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Santa D'anna Cimino

6. DATE OF BIRTH (month, day, year) March 27, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Cimino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Augustina DiStefano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Santa D'anna Cimino

(Address) 600 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 18 1938

19. UNDERTAKER Frank J. Kilcline

(Address) 2816 E. Balto. St.

20. FILED 19 Registrar

JAN 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic myocarditis	

Other contributory causes of importance:

Cardiac failure — Pulmonary Edema

Was an operation performed? N Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenthey, M. D.

Coroner

(Address) 1419 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43010

Registered No. 18-2 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N. Carey St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Joseph Willis

If U. S. Veteran specify WAR

(a) Residence: No. 19 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edith M. Willis

6. DATE OF BIRTH (month, day, year) May 18, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) Sept. 1921

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Talbot County Maryland

FATHER

13. NAME Joseph Willis

14. BIRTHPLACE (city or town) (State or country) Talbot County Maryland

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Talbot County Maryland

17. INFORMANT Mrs. Edith M. Willis
(Address) 19 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 19, 1938

19. UNDERTAKER: [illegible]
(Address) 1005 W. Baltimore St.

20. FILED Jan 17 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Jan 15, 1938

I last saw him alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 12.45A m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Date of onset 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel S. Shanahan M. D.

(Address) 1945 W. Baltimore St.

F 43010 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43011

HEALTH DEPARTMENT—CITY OF BALTIMORE

43011

CERTIFICATE OF DEATH

26932--CM 95-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 24-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Strauss

(a) Residence: No. 1400 Webster St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 9-26-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal trimer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Christopher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 19 38

19. UNDERTAKER Chas. L. Stevens & Son
(Address) 1501 E. Fay. Ave.

20. FILED ..... 19.... Registrar.

JAN 17 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1937. to January 16, 1938

I last saw him alive on January 16, 1938 Death is said to have occurred on the date stated above, at 9.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-13-38
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a CC

Registered No. 1877

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 522 S. Washington St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Rabat

(a) Residence: No. 522 S. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Rabat

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Rabat (Son)

(Address) 522 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary (Cem.) Date Jan 5 1938

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St.

20. FILED JAN 17 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or Autopsy or Inquiry) upon the same and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabetic Gastric Crisis	3 years.
Other contributory causes of importance: Arteriosclerosis, Senility, Pneumonia	Long years

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

F 43013

HEALTH DEPARTMENT—CITY OF BALTIMORE

43013

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 S. Smallwood St., 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward L. Norton

(a) Residence: No. 425 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lena Norton

6. DATE OF BIRTH (month, day, year) July 23, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Norton

14. BIRTHPLACE (city or town) (State or country) County Galway Ireland

MOTHER

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country) Govans Indiana

17. INFORMANT Mrs. Lena Norton
(Address) 425 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/20/38 19

19. UNDERTAKER Margaret J. Hynes
(Address) 1421 Eyler Pl

20. FILED ..... 19 .....

JAN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 16 1938

I last saw him alive on Jan 16 1938. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	
Cerebral Softening Hypostatic	
Infected Bedsores	
Senility	
Other contributory causes of importance:	
Pulmonary Oedema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Norbert C. Gilbert M. D.

(Address) 2151 Eutaw Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43014 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43014

CERTIFICATE OF DEATH ✓ 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. 17-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy May Schultheis

If U. S. Veteran specify WAR .....

(a) Residence: No. 212 E. Eutaw Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert F. Schultheis

6. DATE OF BIRTH (month, day, year) Nov 26 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Fred H. Adams

14. BIRTHPLACE (city or town) (State or country) New York City New York

MOTHER

15. MAIDEN NAME Clara E. Gilbert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Gilbert F. Schultheis

(Address) 212 E. Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/18, 1938

19. UNDERTAKER John J. Connolly

(Address) Essex and ...

... Registrar

JAN 18 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Tumen (Undetermined Origin)	over

Other contributory causes of importance: Prematureness

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Johnston, M. D.
Coroner

(Address) 1919 E. North Ave

N. B.—WHILE PHYSICIANS ARE NOT REQUIRED BY LAW TO ATTEND CASES AFTER DEATH, THEY ARE REQUESTED TO FILL OUT THIS CERTIFICATE. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13015 — CERTIFICATE OF DEATH — F 13015

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1336 Division St., 17-2 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Martha Talbot — If U. S. Veteran specify WAR
(a) Residence: No. 1336 Division St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color (or) Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) md.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs Helen Brown (Address) 1010 argyle ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Jan 18

19. UNDERTAKER Adolphus Talbot (Address) 918 Edmondson Ave

19. ... Huntington Ave

JAN 18 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to Jan 15 1938
I last saw her alive on Jan 15 1938 Death is said to have occurred on the date stated above, at 1 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumia	Jan 12 1938

Other contributory causes of importance:

Was an operation performed? no Date of —
For what disease or injury?
Name of operation none Was there an autopsy? no
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Cooper M. D.
(Address) 739 Lamb

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13016

HEALTH DEPARTMENT—CITY OF BALTIMORE

13016

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Agnes J Dill

If U. S. Veteran specify WAR .....

(a) Residence: No. 1913 Ramsey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Dill

6. DATE OF BIRTH (month, day, year) July 14 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Sommers

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Margaret Kane

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Harry Dill
(Address) 1913 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 19 1938

19. UNDERTAKER Harry H Dietzke
(Address) 7101 Edmondson ave

20. FILED JAN 18 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1938, to January 16, 1938.

I last saw her alive on January 16, 1938. Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

Hemolytic Streptococcus Septicemia — Date of onset ?
Bronchopneumonia
Nephritis - acute

Other contributory causes of importance:
Diabetes Mellitus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gibson J. Wells, M. D.

(Address) University Hospital

INSTRUCTIONS: Information required by law must be given for every question, if obtainable. Any exception must be explained. Write plainly with ink. Use no abbreviations. If unknown, state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13017 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13017

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4128 Eireman Ave St., 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Emily Catherine Grim

If U. S. Veteran specify WAR

(a) Residence: No. 4128 Eireman Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Samuel N Grim

6. DATE OF BIRTH (month, day, year) April 23, 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	9 8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester, Va

FATHER

13. NAME James Sherman

14. BIRTHPLACE (city or town) (State or country) Winchester, Va

MOTHER

15. MAIDEN NAME ~~Emily~~ Catherine B. Sherman

16. BIRTHPLACE (city or town) (State or country) Winchester, Va

17. INFORMANT nee Strother Grim Family

(Address) same. 4128 Eireman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan. 19 1938

19. UNDERTAKER Harry A Weltzke

(Address) 4101 Edmondson Ave

20. FILED JAN 18 1938 ~~Huntington Williams~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938, to Jan 16, 1938

I last saw h Ei alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 10 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	3 yrs
Bronchial Asthma	
Pulmonary Edema	

Other contributory causes of importance:

Advanced Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred. E. Kidder, M. D.

(Address) 4200 Sheldon Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43018

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vivian Wrignt

(a) Residence: No. 931 Leadenhall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jonn Wright

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Beaula Gordon

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Jonn Wright

(Address) 931 Leadenhall

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn St Date 1/18/38 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 1811 Montgomery St

20. FILED JAN 18 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Braden M. D.

(Address) 2737 W Lexington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29818 F 43019

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Brunskog,

If U. S. Veteran specify WAR

(a) Residence: No. 1710 Thames St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/13/1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Adolph

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Marie Schutts

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cedar Hill Cem. Date 1/18 1938

19. UNDERTAKER John J. Fahey & Sons
(Address) 1382 Light St.

20. FILED JAN 18 1938 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938 to January 13, 1938

I last saw him alive on January 13, 1938. Death is said to have occurred on the date stated above, at 11:2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-4-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Lamb M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43020

F 43020

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital Ward

Length of residence in city or county where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mr Joseph A Brenner

(a) Residence: No. 2612 Rosewood Ave Ward.

(Usual place of abode) (If non-resident give city or (town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Fanny

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 48 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Fanny Brenner

(Address) 2612 Rosewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date 1-18-38 19

19. UNDERTAKER: Jos. Levy Sons

(Address) 1727 E. Balto St.

JAN 18 1938

19 Huntington Ave Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) 3 15 P M, death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Pneumonia Bronchialis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kurn Adams Jr. M. D. Coroner

(Address) 1215 Nanticoke Ave

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59 F 43021

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-4 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

2. FULL NAME Anna Snyder

(a) Residence: No. 2316 Ruskin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-18-38 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1431 9 Laurens Baltimore St.

20. FILED JAN 18 1938 19 [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938 to Jan. 17, 1938

I last saw her alive on Jan. 17, 1938 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism (right hemiplegia)	1-15-38
Diabetic acidosis	1-16-38
Coronary thrombosis	10-4-37

Other contributory causes of importance:

Arteriosclerotic heart disease

Hypertensive cardio vascular disease

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

F 43022

F 43022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. Howard St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Chilton

(a) Residence: No. 1019 S. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Chilton

6. DATE OF BIRTH (month, day, year) —— 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Dorsey

(Address) 5925 S. Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Jan. 18 19 38

19. UNDERTAKER Walter D. Spriggs

(Address) 19 N. Amity St.

20. FILED JAN 18 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 19 38

22. I HEREBY CERTIFY, That I attended deceased from 1/10 19 38 to 1/16 19 38

I last saw her alive on 1/15 19 38 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	1/10/38

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Truxton M. D.

(Address) 1220 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43023 — 93-c — F 43023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Frederick Ave. St., 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME HENRY - STOLZENBACH. If U. S. Veteran specify WAR None.

(a) Residence: No. 2200 Frederick Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Stolzenbach

6. DATE OF BIRTH (month, day, year) June 17-1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New & Used Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Stolzenbach

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Driesman.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Katie Schmid. (Address) 351 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Jan. 18- 1938

19. UNDERTAKER Charles J. Schwab (Address) 505 N. Monroe St.

JAN 18 1938

1938

H. Easton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12. 1938. to Jan. 15. 19...

I last saw him alive on Jan. 15. 1938. Death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure due to	
arteriosclerotic myocarditis	?

Other contributory causes of importance:

None -

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Morris B. Schreiber, M. D.

(Address) 548 S. Fulton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13024

HEALTH DEPARTMENT—CITY OF BALTIMORE

13024

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Alpine Road St., 27-4 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Howard Frank Spellman

(a) Residence: No. 307 Alpine Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Lena Spellman

6. DATE OF BIRTH (month, day, year): Feb. 26-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 8 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: Joseph B. Spellman

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary E. Freeland

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Lena Spellman
(Address) 307 Alpine Road

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's Cemetery Date: Jan. 19- 1938

19. UNDERTAKER: Drake F. Burgee
(Address) 3631 Falls Road

Filed JAN 18 1938 Huntington, Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to Jan. 16, 1938

I last saw him alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostatae	1/15/38
Other contributory causes of importance: Diabetes Mellitus	12 yrs.
Arteriosclerosis.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Physical + Lab.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Mackin, M. D.

(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43025 F 43025

CERTIFICATE OF DEATH

V 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 McHenry St. St. 19-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Bihnat

(a) Residence: No. 1402 Mc Henry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michel Bihnat

6. DATE OF BIRTH (month, day, year): Oct. 22. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Latvia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Latvia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Latvia

17. INFORMANT: Michel Bihnat
(Address) 1402 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland Park Cem. Date: Jan. 18 1938

19. UNDERTAKER: Frederick A. Cole
(Address) 1200 W. Lombard St.

20. FILED JAN 18 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN. 15. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5. 1938. to Jan 15. 1938

I last saw her alive on Jan 14. 1938 Death is said to have occurred on the date stated above, at 9.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about
Chronic Hypertensive Myocardial Disease	1925
Other contributory causes of importance: Acute upper Respiratory Infection (Grippe ?)	12/30/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Williams T. Bigelow M. D.

(Address) 1326 W. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 18-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs..., ...mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

2. FULL NAME Charles Hunecker
If U. S. Veteran specify WAR
(a) Residence: No. ~~Institution~~ 858 W. Fayette St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 12/20/1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46		26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER
13. NAME Harry Hunecker
14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER
15. MAIDEN NAME Louise Lumber
16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Cem. Date 1/19, 1938

19. UNDERTAKER John J. Fahey & Son
(Address) 1310 Light St.

20. FILED JAN 18 1938, 19... Ellen Williams Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the date stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	1-13-38
Fractured Skull	1-13-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 1-13, 1938
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Road
Manner of injury Fell striking head & struck feet
Nature of Injury External force (Hemorrhage)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wolfe M. D.
Coroner
(Address) 131 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43027

CERTIFICATE OF DEATH

93-cF 43027

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Homewood Ave 4-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos. E. Canby

If U. S. Veteran specify WAR

(a) Residence: No. 1305 Homewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Manary

6. DATE OF BIRTH (month, day, year) Sept 18, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. Warehouse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Winfield Scott Canby

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Ann Eliza Offaroway

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Elz. Canby

(Address) 1305 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 19 1938

19. UNDERTAKER Rita Windfeld

(Address) 914 Grundfount Ave

20. FILED JAN 18 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Jan 16, 1938.

I last saw h[illegible] alive on Jan 16, 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	1/15/38
b. Myocarditis	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Lillenfeld

(Signed) [illegible] M. D.

(Address) 714 E. Preston St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43028 CERTIFICATE OF DEATH 29936 F 43028

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Savage

(a) Residence: No. 2530 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Savage

6. DATE OF BIRTH (month, day, year) 5-7-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Stephan Simmons

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Angelina Kemp

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT B. C. H. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 20 1938

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S Wolfe St

20. FILED ..... 19..... Registrar.

JAN 18 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938, to January 17, 1938.

I last saw her alive on January 17, 1938. Death is said to have occurred on the date stated above, at 3 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-10-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. De Lauteche M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13029 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13029

CERTIFICATE OF DEATH

1/59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Poplard St 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin F Mock

If U. S. Veteran specify WAR .....

(a) Residence: No. 1530 Poplard St Centre St., Bay Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Ella Mock

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O RR Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 Y

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Godfrey Mock

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Margaret Barlup

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Ella Mock

(Address) 1530 Poplard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt View Cem Date Jan 19 1938

19. UNDERTAKER H. C. Hughes Waltham & Son

(Address) Elkridge city Md

20. JAN 18 1938 19 ... Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 17 1938.

I last saw him alive on Jan 16 1938. Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset Indefinite

Malnutrition

Other contributory causes of importance:

Acute Dilatation of Heart 3 days

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

1/19/38 (Signed) R. E. K. Campbell M. D.

(Address) 1644 Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

13030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 29338 (M) E 13030

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Brancock or Brannock

If U. S. Veteran specify WAR

(a) Residence: No. 1216 St. James St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 10 - 2 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 1/19 1938

19. UNDERTAKER Joseph E. Locke
(Address) 1062 Jefferson St.

20. FILED JAN 18 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1937 to January 15, 1938

I last saw her alive on January 15, 1938 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-5-38
Other contributory causes of importance: Schizophrenia	Oct. 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 43031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43031

CERTIFICATE OF DEATH

Registered No. 157-C

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 76-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Perkins

(a) Residence: No. 414 S. Eaton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7-1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Arthur Perkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dorothy Hewitt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Arthur Perkins

(Address) 414 S. Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 18 1938

19. UNDERTAKER Martin W.C. Dipfel

(Address) 32 S Arlington Ave

20. FILED JAN 18 1938 Huntington Ave No

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Congenital heart disease	Jan 17-1938

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If Specify

(Signed) Chas. W. Wood M. D.

(Address) 1712 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43032

CERTIFICATE OF DEATH

48 F 43032

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2442 Callow Ave. Ward 43

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia Krauss

(a) Residence: No. 2442 Callow Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Leopold Krauss

6. DATE OF BIRTH (month, day, year) Nov. 4, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Abraham Hofmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. Krauss (Address) Cordova Apts.

18. BURIAL, ~~CREMATION OR REMOVAL~~, Date Jan. 19 1938

Pl. Balt. Hebrew Cy.

19. UNDERTAKER David Gondheim & Son (Address) 1902 Eutaw Place

20. FILED JAN 18 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to Jan 17 1938

I last saw her alive on Jan. 17 1938 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	6 mos
Other contributory causes of importance: arteriosclerosis	5 yrs

Was an operation performed? no Date of /

For what disease or injury? /

Name of operation /

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /

(Signed) I. Frederick Leitz M. D.

(Address) Temple Garden Apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43033 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43033

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Gough st., 3-1 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Alice Galalschinidt

(a) Residence: No. 1505 Gough st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Divorced.

6. DATE OF BIRTH (month, day, year) June 15 1908

7. AGE Years 29 Months 7 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Herford Md

FATHER

13. NAME Isaac Ashe

14. BIRTHPLACE (city or town) (State or country) Herford Md

MOTHER

15. MAIDEN NAME Emma Cox

16. BIRTHPLACE (city or town) (State or country) Herford Md

17. INFORMANT Ruth Planel
(Address) 2749 Tinsley ave

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date 1/19/38
Place Herford Md

19. UNDERTAKER Wendell J Dippel
(Address) 1505 Gough st

JAN 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1938 to Jan. 17, 1938

I last saw h alive on Jan. 17, 1938 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-10-38
	?
Other contributory causes of importance:	
Myocarditis	?
Mitral Insufficiency	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Phy Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Linden M. D.

(Address) 16 S. Broadway.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43034

HEALTH DEPARTMENT—CITY OF BALTIMORE

43034

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Balto. Md.

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Washington H. Atkins

(a) Residence: No. 935 N. Saratoga St. Balto. St., Ward.
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Pearl Winson

6. DATE OF BIRTH (month, day, year) March 1, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jockey Corp.

10. Date deceased last worked at this occupation (month and year) 12-2-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

FATHER

13. NAME Solin Atkins

14. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

MOTHER

15. MAIDEN NAME Isabelle Warmick

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Cem. Date 1/19/38

19. UNDERTAKER Berger & Hensley
(Address) 818 E. Fort Ave.

20a. FILED JAN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1938, to January 15, 1938.

I last saw him alive on January 15, 1938. Death is said to have occurred on the date stated above, at 3:26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, pneumonic	12-17-37
Peritonitis, acute, tuberculous	1-8-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. D. N. Andrews, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HLH/c

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43035 — 95-B F 43035

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Dolphin St St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Louisa Williams

(a) Residence: No. 1703 Dolphin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James P.

6. DATE OF BIRTH (month, day, year) Aug. 15, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME Alford Williams

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

MOTHER

15. MAIDEN NAME Sarah Barber

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT James R. Williams (Address) 703 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 1/19/ 1938

19. UNDERTAKER Frances J. Hemsley (Address) 578 W. Biddle St.

JAN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1937 to 1-16 1938

I last saw her alive on 1-15 1938. Death is said to have occurred on the date stated above, at 6.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Heart Disease	
Other contributory causes of importance: Exhaustion + Senility	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. P. Hughes M. D.

(Address) 825 N. Fremont Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13036

HEALTH DEPARTMENT—CITY OF BALTIMORE

13036

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Mount St., 19-1 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie Mitchell

(a) Residence: No. 512 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James Mitchell

6. DATE OF BIRTH (month, day, year) Feb. 18, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 31

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Caroline Palmer

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

17. INFORMANT (Address) Hazel Mitchell 709 Bruce St

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cemetery Date Jan 18, 1938

19. UNDERTAKER (Address) Mrs Katie R Williams 332 or Schroeder St Huntington Millwood, Va

JAN 18 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Jan 14, 1938

I last saw her alive on Jan 11, 1938. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

Signature J Douglas Sheppard M. D.

(Address) 1063 Wilfred Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43037

CERTIFICATE OF DEATH

F 43037 × 159

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Rawlings

(a) Residence: No. Naylor Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 11 1938.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1st			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naylor Md

MOTHER

13. MAIDEN NAME Woodson Myrtle

16. BIRTHPLACE (city or town) (State or country) Naylor Md

FATHER

13. NAME John F Rawlings

14. BIRTHPLACE (city or town) (State or country) Upper Marlboro Md

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL Rawlings Funeral Home Date 1/19/38

19. UNDERTAKER John F Rawlings Father

(Address) Naylor Md

20. FILED JAN 18 1938 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1938, to Jan. 17, 1938

I last saw h.. alive on January 17, 1938. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 1/11/38

Other contributory causes of importance: Respiratory Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No ..... If so, specify .....

(Signed) W. B. Long, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13038

HEALTH DEPARTMENT—CITY OF BALTIMORE

13038

CERTIFICATE OF DEATH

122-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah J. Miller Pierce

If U. S. Veteran specify WAR

(a) Residence: No. 1029 Bennett Pt. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Pierce

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Dennis Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Dixon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louise Tyler

(Address) 1029 Bennett Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 21 1938

19. UNDERTAKER James Lodge

(Address) 142 Worrell St

20. FILED JAN 18 1938 19 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance:	

Was an operation performed? Yes Date Jan. 10, 1938

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date Jan. 10

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 18-1 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Beatty

If U. S. Veteran specify WAR

(a) Residence: No. 866 or Baltimore St., city Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1/11/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8 days		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Winfred Beatty

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dorothy Rhine

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT University Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 18 1938 Commissioner of Health

19. UNDERTAKER Per H. A. Moore (Address)

20. FILED Huntington Williams Registrar

JAN 18 1938

3763 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1938, to January 14, 1938

I last saw her alive on Jan. 14, 1938. Death is said to have occurred on the date stated above, at 4.7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 30 weeks.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Long, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Helen D. Templeman

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43040

CERTIFICATE OF DEATH

108 F 43040

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) St. 12-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. 5 mos. 4 ds.

2. FULL NAME Mrs. Helen D. Templeman

If U. S. Veteran specify WAR No.

(a) Residence: No. 422 E. 22nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin B. Templeman.

6. DATE OF BIRTH (month, day, year) Aug 7, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 4/35

11. Total time (years) spent in this occupation 25.

12. BIRTHPLACE (city or town) (State or country) Swan Hill Mo.

FATHER

13. NAME J. Earle Downey.

14. BIRTHPLACE (city or town) (State or country) Fort Hill Mo.

MOTHER

15. MAIDEN NAME Annabelle Ward.

16. BIRTHPLACE (city or town) (State or country) Salisbury Mo.

17. INFORMANT C. Bruce Templeman
(Address) 422 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 20 1938

19. UNDERTAKER Pikesville Pike
(Address) 2224 N. Charles St

JAN 18 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, to Jan. 17, 1938

I last saw her alive on Jan. 16, 1938. Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar.	Jan 14.
Acromon Cold.	
Other contributory causes of importance:	
Chronic nephritis	yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard W. Davis, M. D.

(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

43041 ✓ F 43041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH South Balto. Gen. Hosp. 25-6
CITY OF BALTIMORE: (No. St Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Earl Clough

(a) Residence: No. 3303 Matson St. Waverly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 1937

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John R Clough
14. BIRTHPLACE (city or town) (State or country) Centerville Md

MOTHER

15. MAIDEN NAME Garnet C Jackson
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs John R Clough 3303 Matson st.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 19 1938

19. UNDERTAKER (Address) William M Mareck 715 Light St

20. FILED 1-18-38 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 1-16-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1937, to 1-16, 1938

I last saw h.. alive on 1-16, 1937 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	5 days before death
Other contributory causes of importance: Pneumonia	2 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Louis J. Krolf M. D.

(Address) South Balto. Gen. Hosp

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43042

HEALTH DEPARTMENT—CITY OF BALTIMORE

43042

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 15-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Noble
If U. S. Veteran specify WAR .....

(a) Residence: No. 3609 Windsor Mill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Christine Noble

6. DATE OF BIRTH (month, day, year) March 3, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 years	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineering

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Alexander Noble

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Fanny —

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Christine Noble
(Address) 3609 Windsor Mill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1/20 1938

19. UNDERTAKER Henry H. Mears & Son
(Address) 605 N. Calvert St.

20. FILED JAN 18 1938 Registrar Washington Pittinger, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1938 to January 18, 1938
Last saw h[illegible] alive on January 18, 1938 Death is said to have occurred on the date stated above, at 12.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arterio-sclerotic C.V. disease	4 yrs ago
Cardiac decompensation	1 yr ago (?)
Auricular fibrillation	

Other contributory causes of importance:

Was an operation performed? not Date of .....
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..
Where did Injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Frank A. Zack, M. D.
(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43043

CERTIFICATE OF DEATH

2-3 51-W F 43043

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Eastern Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas G. Tochterman

(a) Residence: No. 1925 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Tochterman

6. DATE OF BIRTH (month, day, year) April 18, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1, 1937

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) York, Pa.

FATHER

13. NAME John Tochterman

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. Anna Tochterman
(Address) 1925 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 19 38

19. UNDERTAKER Frederick Lanahan & Son
(Address) 7401 Belair Road

20. FILED JAN 18 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937 to Jan. 17, 1938

I last saw h[illegible] alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 6:40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of Left Kidney	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation X-rays

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent V. Cooke M. D.

(Address) 845 N. Patterson Park Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

✓ F 43044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43044

CERTIFICATE OF DEATH 11-a

F 43044

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S. Fremont ave St., 21st Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Walker

If U. S. Veteran specify WAR

(a) Residence: No. 915 S Fremont ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Walker

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bristol W. S.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Grace Walker

(Address) 310 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Auburn Date 1/19 1938

19. UNDERTAKER Sam'l. H. Glass & Son

(Address) 638 W. Fulton

JAN 18 1938

Arlington Williams

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 16 1938

I last saw him alive on Jan 16 1938 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	
Other contributory causes of importance:	
Lobar Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

Physical signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. G. Thompkins M. D.

(Address) 501 N. Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43045

CERTIFICATE OF DEATH

11-a F 43045

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John E. Spriggs

(a) Residence: No. Smith Island, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~or Wife of~~: Agnes Spriggs

6. DATE OF BIRTH (month, day, year): July 9 1861

7. AGE: Years 57 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Store self

10. Date deceased last worked at this occupation (month and year): Dec 1937

11. Total time (years) spent in this occupation: Farmer

12. BIRTHPLACE (city or town) (State or country): Fairmount Md

FATHER

13. NAME: John E. Spriggs

14. BIRTHPLACE (city or town) (State or country): Fairmount Md

MOTHER

15. MAIDEN NAME: Emily Langford

16. BIRTHPLACE (city or town) (State or country): Fairmount, Md

17. INFORMANT: Mrs. Agnes Spriggs

(Address) Smith Island, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Smith Island, Md Date Jan 20 1938

19. UNDERTAKER: J. W. Lee Bozman

(Address) Md

20. FILED: Wm. Luther Williams, M.D.

JAN 18 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1938 to January 18, 1938

I last saw him alive on January 18, 1938 Death is said to have occurred on the date stated above at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

Influenza — Bronchial pneumonia — Related

Date of onset: 7

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sub Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gilson J. Wells, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

43046

F 43046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N Pearl St. H-2 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jane H. Bolden

(a) Residence: No. 208 N Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bolden

6. DATE OF BIRTH (month, day, year) June 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 yrs	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month, year): Unemployed

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Marie Handley

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Hall

(Address) 652 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1/19, 1938

19. UNDERTAKER: Paul L Walker

(Address) 5142 W Baltimore St

20. FILED Jan 18 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

adduced by said inquest, find that said deceased came to his death on the day stated above. (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Chronic Nephritis	Jan 14 38

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Geo. L. Dellinger, M. D. Coroner

(Address) 50 N Arlington Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18 1938

F 43047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43047

CERTIFICATE OF DEATH

347 10-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp. (Ward) .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Elizabeth Jordan

If U. S. Veteran specify WAR .....

(a) Residence: No. Pomonkey (Usual place of abode) Md St. ..... Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 12, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indian Head Md

FATHER

13. NAME Wesley Jordan

14. BIRTHPLACE (city or town) (State or country) Pomonkey Md

MOTHER

15. MAIDEN NAME Estelle Thomas

16. BIRTHPLACE (city or town) (State or country) Pomonkey Md

17. INFORMANT Patient

(Address) Pomonkey, Md

18. BURIAL, CREMATION, OR REMOVAL

Place La Plata Md Date 1/19 1938

19. UNDERTAKER Samuel W. Hagner & Son

(Address) 638 E. Fairmount

20. FILED 19 ..... Registrar. Lington Williams M.D.

1/8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1938 to 1-18- 1938

I last saw her alive on 1-18- 1938 Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

Purpura Hemorrhagica — Date of onset 1-7-38

Other contributory causes of importance: Coma

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Monaghan Jordan M.D.

(Address) Sydenham Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43048

43048

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E Lafayette St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Brady Webb

If U. S. Veteran specify WAR

(a) Residence: No. 404 E Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of George D Webb

6. DATE OF BIRTH (month, day, year) 10-21-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Clark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. George D Webb.

(Address) 404 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cemetery Date Jan 19, 1938

19. UNDERTAKER Mary M Speed

(Address) 601 E 22nd St

20. FILED JAN 18 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1938, to January 16, 1938

I last saw h.e.r. alive on January 15, 1938. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1 1/2 yrs
Uremia	4 days

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip D Lyon, M. D.

(Address) 422 E Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43049

43049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Broadway & Monument St., 41-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Barfield

If U. S. Veteran specify WAR

(a) Residence: No. 212 N Monument St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Barfield

6. DATE OF BIRTH (month, day, year) 4/9/66

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York New York

FATHER

13. NAME David Lenard

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Gilleard

16. BIRTHPLACE (city or town) (State or country) Nova Scotia Canada

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Date 1-19-38

19. UNDERTAKER P. B. Hebert & Bro. (Address) 1501 Eutaw Place

20. FILED JAN 18 1938 Eugene Williams Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to Jan 16, 1938.

I last saw her alive on Jan 12, 1938. Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured myocardium	1/16/38
Arteriosclerosis generalized	1930

Other contributory causes of importance:

Hypertonia cardiovascular disease	1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sarah H Bowditch, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 43050

F 43050 HEALTH DEPARTMENT—CITY OF BALTIMORE

#28670

SF

CERTIFICATE OF DEATH ✓ 34E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. balto. city hospitals St., 20-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME mamie hammond

(a) Residence: No. 1913 n. franklin st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1878 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME James harris

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sussie baxter

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place 1-21-38 Date 1-19-38

19. UNDERTAKER [illegible]

(Address) 1435 E Oliver St

20. FILED JAN 19 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1937 to 1-17, 1938

I last saw her alive on 1-17, 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma of Spinal Cord unknown	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. city Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13051

HEALTH DEPARTMENT—CITY OF BALTIMORE

13051

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elina Fast (Fay)

(a) Residence: No. 211 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Griffin Fast

6. DATE OF BIRTH (month, day, year) Feb. 29-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Braxton

(Address) 2137 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 19 1938

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 1631 Druid Hill Ave

FILED JAN 19 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1 day
	Acc.

Other contributory causes of importance: Fracture Vert. left femur 8-4-1937

Was an operation performed? Yes Date of Jan. 10-1938

For what disease or injury? Fracture femur

Name of operation Peterson Nail Date of Jan. 10-1938

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? Date of injury Dec. 7, 1937

Where did injury occur? Balto. City Hospitals, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospitals

Manner of injury Fell while getting up

Nature of injury Fracture Vert. left femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 719 N. Broadway

JAN 19 1938 Harrington Williams, Registrar

V 66

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43052 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43052

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH Lutheran Deaconess Motherhouse

CITY OF BALTIMORE: (No. 2500 W. North Ave St. 15-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Christine Jaborg

If U. S. Veteran specify WAR

(a) Residence: No. 2500 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Sept. 28, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deaconess 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lutheran home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Einhard Jaborg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Foster U. Gift

(Address) 2500 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Stapelton - Staten Il N.Y. Date 1/20/38

19. UNDERTAKER H. E. Meyer Funeral

(Address) 1300 EUTAW PLACE

19. FILED 19

JAN 19 1938 Augusta Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17-38

22. I HEREBY CERTIFY, That I attended deceased from 12/18 1937 to 1/17/ 1938

I last saw h[illegible] alive on 1/17/ 1938. Death is said to have occurred on the date stated above, at 8.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma	12/18
Toxaemia	12/18/37
Other contributory causes of importance:	
Cardiac insufficiency	1/10/38

Was an operation performed? Hysterectomy Date of operation May 6-1936

For what disease or injury? Carcinoma of uterus

Name of operation Hysterectomy

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Bawden M. D.

(Address) 1517 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

43053 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43053

CERTIFICATE OF DEATH

29870 JS

Registered No. 82-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR Rebellion

2. FULL NAME Charles morgan

(a) Residence: No. 2662 Polk St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cafilla

6. DATE OF BIRTH (month, day, year) 7-3-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roland Park Co.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rebecca Hopkins

16. BIRTHPLACE (city or town) (State or country) Pikesville md.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Jan 19th 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED JAN 19 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 11 1938 to January 16 1938

I last saw h alive on January 16, 1938. Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-14-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43054 ✓178 F 43054

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No.) St. Ward) 7 8
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Miss Elizabeth Mullin
If U. S. Veteran specify WAR

(a) Residence: No. 212 Loudenslare Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 10 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME John Mullin
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Catherine Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Coyle
(Address) 212 Loudenslare Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. 1-20-38

19. UNDERTAKER Coyle & Tarbay
(Address) Fulton & Fayette

20. FILED JAN 19 1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/38, 19, to 1/17/38, 19
I last saw her alive on 1/17/38, 19. Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Pancreatitis	1/10/38

Other contributory causes of importance:
Peritonitis

Was an operation performed? Yes Date of 1/16/38
For what disease or injury? Acute Hem. Pancreatitis
Name of operation Laparotomy
What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel F. Wehner M. D.
(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13055

CERTIFICATE OF DEATH

V 131 E 13055

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 161 N Monastery St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida E Brown

If U. S. Veteran specify WAR

(a) Residence: No. 161 N Monastery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas. Brown

6. DATE OF BIRTH (month, day, year) Dec 28 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Conrad

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Griffin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E Brown
(Address) 161 N Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 1/19 1938

19. UNDERTAKER Geo A Tarby
(Address) Fulton & Lafayette

20. FILED JAN 19 1938, 19... Registrar.

Huntington Hillside, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 17, 1938.

I last saw h[illegible] alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	16 Yrs

Other contributory causes of importance:
None.

Was an operation performed? None Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. Norton, M. D.

(Address) 818 W Lombard St.

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

State CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43056

CERTIFICATE OF DEATH

82-F 43056

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Eastern ave St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lotz

If U. S. Veteran specify WAR

(a) Residence: No. 811 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Eunice Lotz

6. DATE OF BIRTH (month, day, year) April 4 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nicholas Lotz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife Katherine Lotz
(Address) 811 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 20 19 38

19. UNDERTAKER Frank V. Pisatone
(Address) 2818 E. Balto st

20. FILED JAN 19 1938 Huntington Williams Jr. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 , 1938 to Jan 17 , 1938

that I last saw h... alive on Jan 17 , 1938 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 days
Other Sclerosis	?

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos. F. Chelantano M.D.

(Address) 1650 Mosher

F 43057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43057

CERTIFICATE OF DEATH

1518--CM

5-1 9+-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

Length of residence in city or town where death occurred 1899 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jerry ~~Thomas~~ or Thoms Jerry Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 8 N. Caroline St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Sep.

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Victoria (Sep)

6. DATE OF BIRTH (month, day, year) June ~~1870~~ 1856 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51 ~~or~~	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan 19 1938

19. UNDERTAKER Robt S Williams

(Address) 1515 McElderry St

JAN 19 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37 , 19 , to 1-11-38 , 19

I last saw h im alive on 1-11-38 , 19 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-10-38
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, when? .....

(Signed) H A DeSaulles M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

3399 26 43058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46 aF 43058

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Seidel

(a) Residence: No. 415 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rita

6. DATE OF BIRTH (month, day, year) July 2 78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Seidel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Daylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Date Jan 19 38

19. UNDERTAKER John Ulbrich
(Address) 800 S Caroline

20. FILED JAN 19 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC 26, 1937 to JAN 16, 1938

I last saw him alive on JAN 16, 1938 Death is said to have occurred on the date stated above, at 12⁰⁷ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	
Oesophageal-tracheal fistula	
Other contributory causes of importance:	
Broncho pneumonia	

Was an operation performed? Yes Date of 12-29-37

For what disease or injury? Carcinoma of oesophagus

Name of operation gastrostomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Whaley Barker M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 43059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43059

27-6 ✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5401 Grindon Ave. St. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Downs

(a) Residence: No. 5401 Grindon Ave. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-3-1865

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
73	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Harry Downs

14. BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Fairbanks

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Wm. C. Downs
(Address) 621 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan 19 38

19. UNDERTAKER Sofka Uffrich & Sons Colcamo
(Address)

20. FILED JAN 19 1938 Huntington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1937 to Jan. 16, 1938

I last saw h... alive on Jan. 16, 1938. Death is said to have occurred on the date stated above, at 11:08 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-16-38
Other contributory causes of importance: Arterio-schlerosis with hypertension	1910

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. F. Williamson M. D.
(Address) 5713 Bel Air Rd.

V 8 3

DIRECTIONS.—Physician is required to fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43060 — CERTIFICATE OF DEATH — 93-C 43060

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 E Eager St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Philip Miller Sr

(a) Residence: No. 4300 E Eager St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alberta Miller

6. DATE OF BIRTH (month, day, year) July 16 1896

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 7-1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E Hofstetter

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Alberta Miller

(Address) 4300 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place St Mathews Date Jan 20, 38

19. UNDERTAKER John Ulrich

(Address) 1208 Orleans

20. FILED JAN 19 1938 E. Eugene Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1937 to Jan 17 1938

I last saw h alive on Jan 16 1938. Death is said to have occurred on the date stated above at 6.15 a m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset Oct 1937

Other contributory causes of importance: Emphysema (Pulmonary) — Jan 17 38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William R Eager M. D.

(Address) 501 Hawkins

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 43061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 43061

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. East Ave. St. 36-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME BERTHA PHILLIPS

(a) Residence: No. 409 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of George Phillips

6. DATE OF BIRTH (month, day, year) January 25, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Bender

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Phillip Jr.
(Address) 409 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date 19

19. UNDERTAKER John Ullrich & Sons Co.
(Address) 1500 Aliceanna St.

20. FILED JAN 20 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to Jan 18, 1938

I last saw her alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 12:45 p.m. AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr 10 1937
Other contributory causes of importance: chr. Myocarditis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) N. J. Dandor, M. D.

(Address) 3218 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43062 ✓46-B F 43062

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2750 Fenwick Ave) 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Vogel

(a) Residence: No. 3222 Dudley Ave St. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Vogel

6. DATE OF BIRTH (month, day, year) Sept. 2-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Willner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Anna Fastie

(Address) 2750 Fenwick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 19 1938

19. UNDERTAKER John L. Miller

(Address) 2334 Jefferson St.

20. FILED JAN 19 1938 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1937 to Jan. 16 1938

I last saw her alive on Jan 16 1938. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cirrhus Carcinoma Stomach	
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Gallstones
Senility

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis A Anderson M. D.

(Address) 3001 Shannon Drive

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 430663

F 430663 DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 823 N. Montford Ave St. 7-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis J. Birmingham

If U. S. Veteran specify WAR

(a) Residence: No. 823 N. Montford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Reed

6. DATE OF BIRTH (month, day, year) June 16-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinsmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Birmingham

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Emma Blaich
(Address) 823 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 21 1938

19. UNDERTAKER John H. Miller
(Address) 2734 Jefferson St.

20. FILED JAN 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Jan. 17, 1938

I last saw h. alive on Jan. 16, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arterio Sclerosis	?
Sclerosis of Coronary Artery	7 mos
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

Exact statement of DATE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

F 43064 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43064

CERTIFICATE OF DEATH ✓46-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S. Paca St., 22-2 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Grebliauckas

(a) Residence: No. 423 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Grebliauckas

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuanian

FATHER

13. NAME Peter Grebliauckas

14. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER

15. MAIDEN NAME Rose Zilinskute

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT John. A. Grebliauckas. Jr.,
(Address) 423. S. Paca Street,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 21, 1938

19. UNDERTAKER John. A. Grebliauckas. Jr.
(Address) 423 S. Paca Street.

20. JAN 19 1938 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1937 to Jan 18, 1938

I last saw him alive on Jan 17, 1938 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
?	
Arteriosclerosis	
Cancer of Pancreas	Jan 97

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Edward F. Mecan M. D.

(Address) 682 WASHINGTON BLVD

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43065

CERTIFICATE OF DEATH

107-a F 43065

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 East St., 5-2 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Hill

(a) Residence: No. 211 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Preston Hill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Jefferson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Preston Hill

(Address) 211 East St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem'd. Date Jan. 19th 1938

19. UNDERTAKER Bryden & Smith W. Wright

(Address) 238 N. Eden St

20. FILED JAN 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 X 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/17/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) , Coroner

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43066

F 43066

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N Caroline St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Oliver Cummings

If U. S. Veteran specify WAR .....

(a) Residence: No. 1613 N Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Olivia Cummings

6. DATE OF BIRTH (month, day, year) May 5. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provident Savings Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Otho Cummings

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Holden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Olivia Cummings

(Address) 1613 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 20 1938

19. UNDERTAKER Wm J Decker & Sons

(Address) N Pa

FILED JAN 19 1938 Huntington Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to Jan 17, 1938.

I last saw him alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis Hemiplegia (right side paralysis) Advanced senility & Arteriosclerosis ?	6/25/34

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Harry E Hyde M. D.

(Address) 1000 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

F 43067 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43067

CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1564 Clifton Ave. St., 13-3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harmon Rodolph Wheeler

(a) Residence: No. 1564 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara S. Wheeler

6. DATE OF BIRTH (month, day, year): Feb. 16, 1884

7. AGE: Years 53 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Transit Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Md.

FATHER

13. NAME: Wesley Wheeler
14. BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

MOTHER

15. MAIDEN NAME: Matilda Linvall
16. BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

17. INFORMANT (Address): Mrs Barbara S. Wheeler 1564 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: Jan 20 38

19. UNDERTAKER (Address): Wm Wechter Sons North & Pa Ave.

20. FILED JAN 19 1938 Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): Jan. 17, 1938

22. I HEREBY CERTIFY, That I last saw the remains of the person described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
desire to be said (Inquest, Autopsy or Inquiry) did that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset 1/17/38
from cooking Gas
(Asphyxiation)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide Date of injury 1/17 1938

Where did injury occur? 1564 Clifton Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home.

Manner of injury Asphyxiation

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crain M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of DISEASE OR CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13068

CERTIFICATE OF DEATH

F 13068

95 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Baker St St. 15-3 Ward)

Length of residence in city or town where death occurred 68 yrs. 7 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Elvira Black

(a) Residence: No. 2420 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles J. Black

6. DATE OF BIRTH (month, day, year) June 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Balto.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Henry Nicholson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kate Macken

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Lillian Grace Williams

(Address) 2420 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan. 19 1938

19. UNDERTAKER Wm. Buchheit Sons

(Address) North & Paves.

20. FILED JAN 19 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938 to Jan 16 1938

I last saw h[er] alive on Jan 16 1938 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease.	8 yrs.
Other contributory causes of importance: Cerebral Hemorrhage cardiac failure	4 da.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elmer Norris M. D.

(Address) 806 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

Maurice Elmer Corbin, Sr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43069

F 43069

CERTIFICATE OF DEATH

128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Pkwy. St. 12-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Maurice Elmer Corbin Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 227 E. University Parkway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie D. Corbin

6. DATE OF BIRTH (month, day, year) December 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
54	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson-Doeller Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John T. Corbin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Clara J. Corbin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Charles Doeller
(Address) 207 Chancery Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan. 21 1938

19. UNDERTAKER Wm. P. Tickner & Son
(Address) Mt. Washington

20. FILED Jan 21 1938 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jannury 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-16-1938 to 1-18-1938

I last saw him alive on 1-16-1938 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Haemorrhagic Pancreatitis	1-16
Peritonitis	1-16
Other contributory causes of importance: Shock.	1-16

Was an operation performed? yes Date of 1-16-38

For what disease or injury? Acute Haemorrhagic Pancreatitis

Name of operation Cholecystotomy, Peritoneal Drainage

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leonard Levin M. D.

(Address) University Hospital

DIRECTIONS: This certificate is very important. See instructions on back of certificate.

F 43070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43070

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Batavia Ave.) (Ward) 43

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Lee Austin

If U. S. Veteran specify WAR

(a) Residence: No. 3312 Batavia Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Irwin Austin

6. DATE OF BIRTH (month, day, year) May 8, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Mt. Vernon Md.

FATHER

13. NAME James L. Wilson

14. BIRTHPLACE (city or town) (State or country) Oriole Md.

MOTHER

15. MAIDEN NAME Sarah Hopkins.

16. BIRTHPLACE (city or town) (State or country) Mt Vernon Md.

17. INFORMANT Mr. Wilson Austin

(Address) 3527 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 20, 38

19. UNDERTAKER Wm. Wickersham Sons

(Address) Mont. & Pa Aves.

20. FILED JAN 19 1938 Huntingtown Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1938 to Jan 17, 1938

I last saw h.e alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 1.10 p. m.

The principal cause of death and related causes of importance were as follows:

Diffuse Fibroid Heart Disease

Cerebral Hemorrhage.

Date of onset ...

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James E. White M. D.

(Address) 5214 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

13071 13071

13071 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victor Burch

If U. S. Veteran specify WAR

(a) Residence: No. 718 Mura St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maggie Burch

6. DATE OF BIRTH (month, day, year) May 24 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Bryantown Charles County Md

FATHER

13. NAME Leonessa C. Burch

14. BIRTHPLACE (city or town) (State or country) Charles County Md.

MOTHER

15. MAIDEN NAME Mary L. Gardiner

16. BIRTHPLACE (city or town) (State or country) Charles County Md.

17. INFORMANT (Address) Mrs. M. Burch 718 Mura St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 20 1938

19. UNDERTAKER (Address) Fred J. Kraus & Bro 1216 E. Chase St.

20. FILED 1938 Hunter Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937, to Jan 16, 1938.

I last saw h— alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 8 20/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	?
Chronic Nephritis	?
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph Hospital

OCCUPATIONS is very important. See instructions on back of certificate.

IY 1936

13072 F 43072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Ehrlich

(a) Residence: No. 1822 N. Smallwood St., 4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-16-38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ralph Ehrlich

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Clara Polansky

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date JAN 19 1938

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED JAN 19 1938 Huntington Williams M.D. Registrar

3763 14

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-16- 1938 to 1-17 1938

I last saw h[illegible] alive on 1-16- 1938 Death is said to have occurred on the date stated above, at 3:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Atelectasis (?)	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Levias M. D.

(Address) Sinai Hospital

13073

✓ F 13073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. East Ave 2nd 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 26 yrs. mos. ds.

2. FULL NAME Vincenzo Ciambruschini

(a) Residence: No. 6 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Assunta Ciambruschini

6. DATE OF BIRTH (month, day, year) Oct. 15 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pitigliano Italy

FATHER

13. NAME Leopoldo Ciambruschini

14. BIRTHPLACE (city or town) (State or country) Pitigliano Italy

MOTHER

15. MAIDEN NAME Cristina Gerlini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Assunta Ciambruschini (Wife)
(Address) 6 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan. 20 38

19. UNDERTAKER Frank Wells Nolan
(Address) 52 N Monday St.

JAN 19 1938

Hennington & Williams Inc
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from August 4 1937 to January 17 1938

I last saw h alive on January 17 1938 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio - Sclerosis.	Months
Other contributory causes of importance: Cerebral Hemorrhage	7 days

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Antignani M. D.

(Address) 2942 E. Fayette St

OCCUPATION is very important. See instructions on back of certificate.

13074

HEALTH DEPARTMENT—CITY OF BALTIMORE 13074

CERTIFICATE OF DEATH

8427--1817

95-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Kiessling

(a) Residence: No. 1601 Cereal St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Louisa Kiessling

6. DATE OF BIRTH (month, day, year) 1/9/1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	74	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 20 1938

19. UNDERTAKER Jno. Wm. John H. Tuffel & Son
(Address) 801 W. Fayette St

20. FILED ..... 19..... Registrar .....

N. 19 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 17, 1938

I last saw him alive on January 17, 1938 Death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-11-38

Other contributory causes of importance: Hypertension cardiovascular disease 4 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? N.P.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. De Lauder, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓ F 43075

43075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Pacific Street St. 13-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Aussie L. Wilson

(a) Residence: No. 704 Pacific Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 10th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME George Wilson

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Rachel Tevis

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Grace Wilson

(Address) 911 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL

Date Jan 20 1938

19. UNDERTAKER A. S. Marshall

(Address) 553 Fallsway

Registrar

19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to Jan 17 1938

I last saw her alive on Jan 16th 1938 Death is said to have occurred on the date stated above, at 11 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4 yrs
Chron. Endocarditis	4 yrs.
Thrombosis of leg	7 days

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Jean Dennis M. D.

(Address) 846 W 36 St Balto

OCCUPATION is very important. See instructions on back of certificate.

F 43076

43076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Jelewicz

(a) Residence: No. 527 S. Ann st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter James Jelewicz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Casimira Makowiecka

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT W. J. Jelewicz (Address) 527 S. Ann st.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date Jan 19th 1938

19. UNDERTAKER George A. Weber (Address) 705 S. Ann st.

20. FILED Jan 19 1938 A. Eugene Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to Jan 19, 1938

I last saw him alive on Jan 19, 1938. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset Jan 18, 1938

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Howard W Jones M. D.

(Address) Church Home & Infirmary

Jan 19 1938

H

Instructions on back of certificate. Every question must be answered if possible. Write plainly with pen and ink. Use capital letters and do not abbreviate.

E 43077

43077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. Pulaski & Fayette St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Minnie Hippler

(a) Residence: No. 303 S Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Hippler

6. DATE OF BIRTH (month, day, year) April 9, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Adam Klemschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Eichelbrot

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James A. Donnelly

(Address) 512 West Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 7, 1938

19. UNDERTAKER Frederick A. Cole

(Address) 1220 W Lombard St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1/ 1937 to 1/18/ 1938

I last saw her alive on 1/18/ 1938. Death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic & hypertensive heart disease	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Pasch M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

13078 E 13078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Ashland Ave St., 7 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Johnson

If U.S Veteran specify WAR .....

(a) Residence: No. 1815 Ashland Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benny Johnson

6. DATE OF BIRTH (month, day, year) Feb 9, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co Md.

FATHER

13. NAME Beale Mason

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Mabel Stokes

(Address) 1815 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Frt Calvary Cemetery Date Jan 20 1938

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED Jan 20 1938 Hampton Williams Registrar

19738 D H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 17, 1938

I last saw her alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 7:48 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Jan 15 1938
Chronic Pyelonephritis Nephritis Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 Monument St

OCCUPATION is very important. See instructions on back of certificate.

4:3079 HEALTH DEPARTMENT—CITY OF BALTIMORE 4:3079

CERTIFICATE OF DEATH

29904--CR

Registered No. 348-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Mills

(a) Residence: No. 1216 Ostend St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (Sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Sep)

6. DATE OF BIRTH (month, day, year) 1-10-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	--	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Stockett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mariner Cem. Date 1/20/ 1938

19. UNDERTAKER John J. Cowdrey & Son.
(Address) 1940 W. Baltimore St.

20. FILED JAN 20 1938 Hunting Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1938, to January 15, 1938

I last saw him alive on January 15, 1938. Death is said to have occurred on the date stated above, at 1045 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Lobar Pneumonia	1-8-38
Other contributory causes of importance	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. S. de Santalla, M. D.

(Address) Baltimore City Hospitals

43080 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43080

CERTIFICATE OF DEATH

✓ 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 2 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Lenny Grant

(a) Residence: No. 112½ S. Sharp St., Ward. Home

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Samuel Grant

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Bessie Myers

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT (Address) Bessie Grant 112½ S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Auburn Cr Date 1/20/38

19. UNDERTAKER Isaac L Rowe & Son (Address) 108 W Monument St

[redacted] Jan 21 1938 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938 to Jan 18, 1938

I last saw him alive on Jan 18, 1938. Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	4 days.
Other contributory causes of importance: Acute Gastro-enteritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What tes. confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Wallis Symington, M. D.

(Address) 162 E Division St.

VR 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43081 CERTIFICATE OF DEATH 29927 CM 07 F 43081

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 14-3 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry Taylor

(a) Residence: No. 1921 McCulloh St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Irwin

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Alice Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 20 1938

19. UNDERTAKER Bowen & Kelsey
(Address) 1333 Pennsylvania Ave Huntington West Va.

20. FILED JAN 20 1938
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1938, to January 15, 1938.
I last saw him alive on January 15, 1938. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	1-14-38
Other contributory causes of importance: Bronchopneumonia	1-12-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. de Lautelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

43082 F 43082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH (a) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Little Sisters of Poor St. 10-1 Ward)

Length of residence in city or town where death occurred 1 yr. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Andrew Herlein

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Cecilia Darmgart

6. DATE OF BIRTH (month, day, year) 22 Sept. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	68	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob J. Herlein

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup. (Address) Little Sisters of the Poor

18. BURIAL, CREMATION OR REMOVAL Place Holy Redeemer Date Jan 21 1938

19. UNDERTAKER Rita Wiedefeld (Address) 914 Fremont Ave

20. FILED ..... 19..... Registrar

Jan 20 1938 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14 1938. to June 19 1938

I last saw h[illegible] alive on June 18 1938 Death is said to have occurred on the date stated above, at 11:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5 D.
Other contributory causes of importance:	
Cachexia	5 D.
Chr. Hypertension	5

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O'Neil Carter M. D.

(Address) 1114 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

13083 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13083

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH Md. General Hospital 9-9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Joseph K. Knight

(a) Residence: No. 1600 Asquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 30/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jas. K. Knight
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ellen —
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Caroline Knight
(Address) 1605 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1/20/38

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED ..... 19... Registrar
JAN 20 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1938 to 1-16, 1938

I last saw him alive on 1-16, 1938. Death is said to have occurred on the date stated above, at 10:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) S. Hilbrens M. D.

(Address) U.S. Md. Gen. Hosp

Mitchell

F 13084 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13084

CERTIFICATE OF DEATH

Registered No. 349-38

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. balto. city hospitals S. 22-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James mitchall

(a) Residence: No. 802 Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) 9/13/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister M.E.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Squire henderson

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Susia Smith

16. BIRTHPLACE (city or town) (State or country) florida

17. INFORMANT hospitd records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 23 38

19. UNDERTAKER James Lodge
(Address) 1142 Woodall St

20. FILED JAN 20 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1938 to 1-18, 1938

I last saw him alive on 1-18, 1938. Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic gangrene rt. foot	Unknown
Uremia	1/16/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-15-38

For what disease or injury? Gangrene rt. foot.

Name of operation Mid thigh amputation, rt.

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto city Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 43085

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43085

CERTIFICATE OF DEATH

X 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Herring Run Pk. & Harford Rd. St., 8-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Weaver

(a) Residence: No. Washington, D. C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Josephine Weaver

6. DATE OF BIRTH (month, day, year) July 5, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Social Security Board

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME Robert Wyatt Weaver

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Georgia Allen

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Josephine Weaver.
(Address) 2200 19th St. N.W. Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltobsen Date Jan 20th 1938

19. UNDERTAKER Leo H. Brooks
(Address) 1703 N Patt Park Ave

20. FILED JAN 20 1938

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Head	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Jan. 18, 1938
Where did injury occur? Herring Run Pk. & Harford Rd. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Shot himself through mouth
Nature of injury with a pistol

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schleicher, M. D.
Coroner
(Address) 1919 E. North Ave.

13086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137 F 43086

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1410 E Oliver St. 9-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Harman Dennis
If U. S. Veteran specify WAR

(a) Residence: No. 1410 E Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 25-1858

7. AGE: Years 79 | Months 7 | Days 24 | If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 50
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: William A. Dennis
14. BIRTHPLACE (city or town) (State or country): Baltimore. Md

MOTHER
15. MAIDEN NAME: Sarah ?
16. BIRTHPLACE (city or town) (State or country): Baltimore. Md

17. INFORMANT: Mrs Oregon M. Dennis
(Address) 1639 Whiteford Av

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 21 1938

19. UNDERTAKER: Wm J. Dickson & Sons
(Address) J. E. Fader

20. FILED JAN 20 1938 19 Registrar. Wm. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/25 1936 to 1/19 1938
I last saw h alive on 1/18 1938 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular renal disease	?
Other contributory causes of importance: old age -	?

Was an operation performed? — Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Bluem M. D.
(Address) 1206 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-cF 43087

~~F 43087~~

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 E. Fort Ave St. 24-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence H. Ellmer

If U. S. Veteran specify WAR .....

(a) Residence: No. 538 E. Fort Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Charlotte Ellmer

6. DATE OF BIRTH (month, day, year) Jan. 31 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Ellmer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Woodland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Charlotte Ellmer
(Address) 538 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1/20 1938

19. UNDERTAKER J. F. McCully
(Address) 130 E. Fort Ave.

20. FILED Huntington Williams M.D.
Registrar

JAN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Jan 18, 1938

I last saw h~~e~~r alive on Jan 17 1938. Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Sept 1937
Other contributory causes of importance: Chronic myocarditis	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Sidney H. Street M. D.

(Address) 421 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 43088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43088

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp St. (or) Ward) 3

Length of residence in city or town where death occurred Yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. William D. Warnick

(a) Residence: No. 136 E. Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of

6. DATE OF BIRTH (month, day, year) June 6, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William B Warnick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ernest Zach (Address) 140 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 1/21 1938

19. UNDERTAKER J. F. McCauley (Address) 130 E. Fort Ave.

20. FILED JAN 20 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/12/38 . 19 ..... to 1/18/38 . 19 .....

I last saw him alive on 1/18/38 . 19 ..... Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic Nephritis	
Other contributory causes of importance: Benign Prostatic Hypertrophy	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Williams M.D.

(Address) Md. General Hospital

INSTRUCTIONS ON BACK OF CERTIFICATE. ... very important. ... CERTIFICATE.

M. D. F. 1268-9

F 43089

F 43089 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Edmondson Ave 28 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Spencer Boyer

(a) Residence: No. 4808 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna Boyer

6. DATE OF BIRTH (month, day, year): July 3rd 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cost Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fed. Land Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John H Boyer

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Harriet Watkins

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Anna Boyer 4808 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park. Date: Jan 21 1938

19. UNDERTAKER (Address): Chas E Franals 802 Madison ave

N 20 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Jany 19 1938

I last saw him alive on Jany 18 1938. Death is said to have occurred on the date stated above, at 7 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis with Hypertension etc	several years ago

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J W Deacon M. D.

(Address) 1938 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43090 — CERTIFICATE OF DEATH — 107-a — F 43090

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 220 Ashland Ave (Ward) 10-2

Length of residence in city or town where death occurred [illegible] yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter R Burns Jr — If U. S. Veteran specify WAR

(a) Residence: No. 1220 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 19-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Walter Burns Jr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hattie Burns

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Lane

(Address) 1103 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/21 38

19. UNDERTAKER Thos O Wilson

(Address) 1600 Bruntly Ave.

Filed JAN 20 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19. 1938

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] to [illegible], and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Jan 19 38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

OCCUPATION is very important. See instructions on back of certificate.

V 5 6

E 43091

HEALTH DEPARTMENT—CITY OF BALTIMORE

43091

CERTIFICATE OF DEATH

Registered No. 10-2341.23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willie Lee (30018)

(a) Residence: No. 824 Hermans Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sinie

6. DATE OF BIRTH (month, day, year) ?? 1885

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Willian ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 24 38

19. UNDERTAKER Robt E Williams

(Address) 1616 McCulloh St

20. FILED JAN 20 1938 Lexington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to January 19, 1938

I last saw him alive on January 19, 1938 Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset June 1937

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L M Curtis M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

STEWART

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13092 CERTIFICATE OF DEATH ✓ 93-eF 13092

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 W. Lexington St. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nancy Stewart

(a) Residence: No. 853 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emanuel Stewart

6. DATE OF BIRTH (month, day, year) July 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. H.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary A. Stewart
(Address) 853 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Jan 21 1938

19. UNDERTAKER Wm Katie Russell
(Address) 222 N Schroeder St

20. FILED Jan 19 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. K. Cruelen M. D.
Coroner

(Address) 2757 E. Lex St

OCCUPATION is very important. See instructions on back of certificate.

13093 E-13093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 349-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 7-5 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Atkins (28872)

(a) Residence: No. 619 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda

6. DATE OF BIRTH (month, day, year) Aug. 24, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clink Atkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Jan 20 1938

19. UNDERTAKER Edw Bryson
(Address) 1641 orleans st

20. FILED 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1938 to January 14, 1938

I last saw him alive on January 14, 1938. Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1935
Luetic myocarditis	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis M. D.
(Address) Balto. City Hospitals

20 1938

✓ F 43094

43094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Haverhill Rd St. 25-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Norman C. Thelma J. Jones

(a) Residence: No. 1032 Haverhill Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Norman C Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Thelma J Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Norman C Jones

(Address) 1032 Haverhill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 20 1938

19. UNDERTAKER Harry E Hutzler's

(Address) 1131 Edmondson Ave

21. FILED JAN 20 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938, to Jan. 20, 1938

I last saw h alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Defect. (Blue Baby)	1/19/38
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Norton, Jr., M. D.

(Address) 1311 Linwood Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

43095 Otto Eugene Weiland F 43095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27-16 St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER Harry A. Pritzlaff

(Address) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Jan 18, 1938

I last saw him alive on Jan 18, 1938. Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 11/22/37

Other contributory causes of importance: Cerebral Hemorrhage — 1935

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John D. Baker M. D.

(Address) 4803 Park Heights Ave

DEC 3 1938

Witness

va 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43096

CERTIFICATE OF DEATH

87-6 F 43096

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 Lyndhurst St. 27-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. life ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Elizabeth Hollstein

If U. S. Veteran specify WAR

(a) Residence: No. 503 Northern Pky. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B.

6. DATE OF BIRTH (month, day, year) Feb 11 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Charles Hollstein

(Address) 503 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan 20 1938

19. UNDERTAKER Hilligan & Tilyou & Sons

(Address) North & Pa. Ave

JAN 20 1938

E. Lexington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-16 1938 to 1-18 1938

I last saw h alive on 1-18 1938 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-16 38
Other contributory causes of importance: Cardiac Failure Hypertension & Arterio-Sclerosis	1-18 38

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George F Wirsig M. D.

(Address) 4000 Edmondson Ave

F 13097

HEALTH DEPARTMENT—CITY OF BALTIMORE

13097

CERTIFICATE OF DEATH

51-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S Fulton Ave St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Hardy Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 107 S Fulton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles A Hardy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose K Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles A Hardy

(Address) 107 S Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 1/21 19 38

19. UNDERTAKER Edward Loudon

(Address) 2369 West Blvd.

20. FILED 19 Registrar

JAN 20 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1937 to Jan 18 1938

I last saw him alive on Jan 18 1938. Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Testicle (Embryonal Type) c Metastasis	June 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of June 1937

For what disease or injury? As above

Name of operation Bilateral Herniotomy & removal of Tumor

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Scarpetta M. D.

(Address) 1224 W. Lombard St.

F 43098

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43098

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH: CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 13-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: ~~GEORGE PETERSON~~ George Peterson

If U. S. Veteran specify WAR

(a) Residence: No. 2004 Linwood Royal Terrace St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. F. Peterson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Anne Dare

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Peterson Son

(Address) 1709 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 20 1938

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 20 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1938 to Jan 18 1938

That I saw him alive on 1-18 1938 Death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt.	Jan 9

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert E. Lee M. D.

(Address) Union Memorial Hospital

E 43099

HEALTH DEPARTMENT—CITY OF BALTIMORE

43099

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Normandy Ave St., 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Elizabeth Engel

(a) Residence: No. 408 Normandy Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Andrew Herman Engel

6. DATE OF BIRTH (month, day, year) Oct 31-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME King

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophie Gardner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT H. Herman Engel

(Address) 408 Normandy Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 1 | 22 | 38 19

19. UNDERTAKER Mo. Myers & Son

(Address) 2503 Edmondson Ave

20. FILED JAN 20 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 | 19 | 38 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 19 38 to Jan 19 38

I last saw h~~e~~r alive on Jan 18 19 38 Death is said to have occurred on the date stated above, at 6.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm Tuberculosis	1931
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawrence M. Lerra M. D.

(Address) 104 W. Madison St.

E 43100

43100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-195-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2037 Edmondson Ave St., 20 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph E. Ackerman

(a) Residence: No. 2037 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
60	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Ackerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Westbrock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christina Ackerman
(Address) 2037 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 21 1938

19. UNDERTAKER J. Kernan Keehner
(Address) 230 Edmondson Ave

Huntington Williams, Registrar.

20 [illegible]

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1938

22. I HEREBY CERTIFY, That I attended deceased from October 18 1936 to Jan 19 1938

I last saw h[illegible] alive on Jan 19 1938. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	1914
Generalized Atheromatosis	1926
Cerebral Hemorrhage	1928
Hypostasis & Hemolytic Heat Stroke	1936
M. Coronary Thrombosis	Jan 19 1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Fabrocini M. D.

(Address) 230 Edmondson Ave

Mary Caville, Madden, Martin F 13101

43101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-1 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 3 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Caville (Madden, Martin) (15276)

(a) Residence: No. 211 S. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C/I. John Martin

6. DATE OF BIRTH (month, day, year) Aug. 24, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Madden or Martin or ? Caville?

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gorman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Camden N.J. Date Jan 22 38.

19. UNDERTAKER Kendall & Upcraft
(Address) 805 Eutaw St.

20. FILED JAN 20 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to January 20, 1938

I last saw her alive on January 20, 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung	Sept 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm A. Cassidy M. D.

(Address) Balto. City Hospitals

13102 ✓ F 43102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-6 131

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. ..... St., ... (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR SAW

2. FULL NAME Thomas J. Greed

(a) Residence: No. 1702 E. 32nd St., Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hershman

6. DATE OF BIRTH (month, day, year) October 8, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Allegheny, (State or country) Pa.

FATHER

13. NAME William Greed

14. BIRTHPLACE (city or town) Tipperary, (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Conneely

16. BIRTHPLACE (city or town) Mercer Co., (State or country) Pa.

17. INFORMANT Records - U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pittsburg Pa Date 1/20/ 1938

19. UNDERTAKER John E. Moran (Address) 42nd St. & York Rd.

20. FILED 1-20-38 Clinton Williams Registrar.

20 1938 FT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1938, to January 19, 1938

I last saw h... in alive on January 19, 1938. Death is said to have occurred on the date stated above, at 7:50 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Interstitial, chronic	unknown
Myocarditis, chronic	unknown
Arteriosclerosis, general	unknown
Hypertension, arterial	unknown
Other contributory causes of importance: Uremia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. N. Anderson. M. D.

(Address) U. S. Marine Hospital, Balto. Md.

43103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., Ward) 4-278

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosanna Wolfe

If U. S. Veteran specify WAR .....

(a) Residence: No. Clear Spring Rd Hag St., ... Ward.
(Usual place of abode) 200 yds
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leslie Wolfe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Olive Long

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Andrew Kaufman
(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL Md
Place Broadfording Date 1/22 38

19. UNDERTAKER Andrew Kaufman
(Address) Hagerstown Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/38

22. I HEREBY CERTIFY, That I attended deceased from 1/18/38, 19..... to 1/20/38, 19..... I last saw her alive on 1/20/38, 19..... Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Abscess of Lt.	1938
Lateral sinus thrombosis, Lt.	1938
Acute mastoiditis, Lt.	1938
Acute otitis media, Lt.	1938
Other contributory causes of importance:	
Pregnancy, 8 lunar lobs	1937
Confinement, Was attended by Dr.	1/18/38

Was an operation performed? Yes Date of 1/18/38

For what disease or injury? Brain abscess

Name of operation Trephine & aspiration

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. S. Kathleen Jr. M. D.

(Address) University Hospital

H (D. S. Kathleen)

✓ F 43104

43104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-9 44-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Knight

If U.S. Veteran specify WAR .....

(a) Residence: No. 1511 Argonith St. St., Balto Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of ~~Wife of~~ Helen M. Knight

6. DATE OF BIRTH (month, day, year) Mar 14th 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bowers Motor Co

10. Date deceased last worked at this occupation (month and year) 1/7/38

11. Total time (years) spent in this occupation 7mo

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Robert Knight

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Helen M. Knight
(Address) 1511 Arlington St

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Jan 21st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19 ... Registrar

20 1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1/18 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/16 1938 to 1/18 1938

I last saw him alive on 1/18 1938 Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (pneumococcus - untyped? or Tularemic - 1:600 ?)	1/12/38
Other contributory causes of importance: Lymphadenitis & abscess formation - Tularemic (agg. 1:600)	12/2/37

Was an operation performed? Yes Date of 1/15/38

For what disease or injury? Lymphadenitis - Tularemic

What test confirmed diagnosis? Agglutination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Morton Mary Spellman M. D.

(Address) Sinai Hospital

E 13105

HEALTH DEPARTMENT—CITY OF BALTIMORE

13105

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33 d + Calvert St., 21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Towne

(a) Residence: No. 7207 Old Harford Rd., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 17, 1938

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank William Towne

14. BIRTHPLACE (city or town) (State or country) Chicago Illinois

MOTHER

15. MAIDEN NAME Christina Reike

16. BIRTHPLACE (city or town) (State or country) Burlington Illinois

17. INFORMANT Frank William Towne
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Meh. Cem. & Burial Assn. Inc. JAN 20 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ..... 19 .....
Registrar.

20 1938

3771 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17. 1938. to January 19. 1938

I last saw h. alive on January 18. 1938. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	1/17/38
Other contributory causes of importance: Prematurity	Birth

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. Franklin Beanlan M. D.

(Address) Union Memorial Hospital

43106 F 43106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Hospital — Registered No. X 210-M

CITY OF BALTIMORE: (No. ..... St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Fildon Brown

(a) Residence: No. New Windsor — Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Jerry Brown
(Address) New Windsor Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Windsor Cem. Date Jan. 23, 1938

19. UNDERTAKER D. D. Frantz & Sons.
(Address) New Windsor & Union Bridge Md.

20. FILED ..... 19... Registrar

0 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20th 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Femur	10-14-37

Other contributory causes of importance: Senility 1 yr.

Was an operation performed? Yes Date of 1-20-38

For what disease or injury? Fracture of Femur

Name of operation Open Reduction Date of 1-20-38

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-14-37

Where did injury occur? New Windsor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street

Manner of injury Car ran N. Road

Nature of injury Fractured Femur Right

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Herbert F. Bupley Jr. M. D.
Coroner

(Address) 907 N. Charles St.

V S 6

13107

HEALTH DEPARTMENT—CITY OF BALTIMORE

13107

CERTIFICATE OF DEATH

95 F

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 728 Poplar Grove St.) 16-6 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carmelo Guglielizza — If U. S. Veteran specify WAR

(a) Residence: No. 728 Poplar Grove St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angelina Metassa Guglielizza

6. DATE OF BIRTH (month, day, year) Dec 20, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Confectioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Salvatore Guglielizza
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Maria Manscaco
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Salvatore Giordano
(Address) 728.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 22 1938

19. UNDERTAKER Frank V. Pipetone
(Address) 2718 E. Baltimore st

20. FILED JAN 20 1938 H. Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 - 1931. to 1-20 - 1938
I last saw him alive on 1-18 - 1938 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease -	6y
Sudden death Pulmonary Thrombosis.	2dy

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. D'Amico M. D.

(Address) Judicial Auto Bldg

Alexander Ogdarski (Gdarski)

43108 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 43108

CERTIFICATE OF DEATH

121

Registered No. 25-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen. Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Ogdarski (ODAREK)

(a) Residence: No. 1604 Hazel St. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sabina Ogdarski

6. DATE OF BIRTH (month, day, year) March 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Poland

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Poland

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Son) Stanley Ogdarski
(Address) (residence above)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross AA Co Date 1/22 '38

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED JAN 21 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Jan 20, 1938.

I last saw him alive on Jan 19, 1938. Death is said to have occurred on the date stated above, at 3:07 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
appendiceal abscess	
Peritonitis	
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-12-38

For what disease or injury? Drainage of abscess " "

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
..... If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

43109

HEALTH DEPARTMENT—CITY OF BALTIMORE

43109

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 864 West 37th Street) St., W Ward) 13-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Georgeanna Mc Cauley

(a) Residence: No. 864 W. 37 Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Mc Cauley

6. DATE OF BIRTH (month, day, year) Jan 20th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Daniel Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Catherine Ann Bulcat

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Bertha Mc Cauley

(Address) 864 W. 37th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Man Ch Date Jan 22 38

19. UNDERTAKER D. J. Mayhall

(Address) 3539 Falls Road

JAN 21 1938 Lexington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Jan 20, 1938

I last saw h. er alive on Jan 20, 1938 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic heart	4 Days
Other contributory causes of importance: arteriosclerosis	10 yrs

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Wm H Hopkins M. D.

(Address) 2020 N. Charles.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43110

CERTIFICATE OF DEATH

F 43110

1. PLACE OF DEATH Sinai Hospital 34-141 Registered No.

CITY OF BALTIMORE: (No. ..... St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Doxzen If U.S. Veteran specify WAR No Record

(a) Residence: No. 1407 Forge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Doxzen

6. DATE OF BIRTH (month, day, year) Jan 15th 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William H. Maglidt

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Martha A. Doxzen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry L. Doxzen
(Address) 1718 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan 24th 1938

19. UNDERTAKER Wm Cook
(Address) 1111 St Paul St

Harrington Williams

20. FILED JAN 21 1938 19

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-20 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12-38 19 to 1-20-38 19

I last saw h alive on 1/20 1938 Death is said to have occurred on the date stated above, at 6-07 m.

The principal cause of death and related causes of importance were as follows:

Miscarriage — Date of onset
Syphilis
Cerebral Lesion

Other contributory causes of importance:
Chronic Heart Disease

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) James Woodrow M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43111 F 43111

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.) 8-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James H. Humphrey

(a) Residence: No. 1815 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Luther Humphrey

6. DATE OF BIRTH (month, day, year) May 28, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Irvin Lenter
(Address) 1535 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 1/21, 1938

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
adduced by said Inquest, and that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	1-19-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-19, 1938

Where did injury occur? 427 E. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down stairs

Nature of injury Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Samuel Wolfe, M. D.
Coroner

(Address) 1331 E. North Ave.

V S 6

F 43112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-cF 43112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Irving P. Whitehead

(a) Residence: No. Homewood Apts. Chas. & 31 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lottie C. Whitehead

6. DATE OF BIRTH (month, day, year) July 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fed. Land Bank

10. Date deceased last worked at this occupation (month and year) Jan. 38

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Amherst Va.

FATHER

13. NAME Thomas Whitehead

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Garland

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT H.M. Respees

(Address) St. Paul & 24 Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Amherst Va. Date Jan 22 1938

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED JAN 21 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 , 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2yrs
Cardiac decompensation	Jan 19

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Nama Coroner, M. D.

(Address) 1822. W. Baltimore St.

JAN 21 1938 [illegible] Wm.

S 6

43113 E 43113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4333 Old York Road St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? Life mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Peter. Joseph Maroney

(a) Residence: No. 4333 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Rose. A. Maroney

6. DATE OF BIRTH (month, day, year) not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chaffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael Maroney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Miss Keefe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Rose. A. Maroney
(Address) No. 4333 Old York Road

18. BURIAL, CREMATION, OR REMOVAL St. Johns Cemetery Phila. Pa. Date Jan. 22 1938

19. UNDERTAKER Henry Sloan Lobb, Inc
(Address) 1361 E Eager St

20. FILED JAN 21 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-19-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1937 to Jan 19 1938

I last saw him alive on 2;30 P. M. 1938 Death is said to have occurred on the date stated above, at 2 p 01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Pancreas	?
Other contributory causes of importance: Cancer of Lungs	3 mo

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? c Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ed. J. Finnegan M.D.

(Address) 9858 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE #29563

CERTIFICATE OF DEATH

46-D SF F 43114

F 43114

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-4 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adelle Barber

(a) Residence: No. 917 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married -sep.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jackson

6. DATE OF BIRTH (month, day, year) 11/25/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Carter Washington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sophia Robinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Jan. 22 19 38

19. UNDERTAKER Bryant & Agner per W. Wright
(Address) 2518 McElderry St

Filed JAN 27 1938 19 Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 1938

22. I HEREBY CERTIFY That I attended deceased (from) 1-3 1938 to 1-19 1938

I last saw her alive on 1-19 1938 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43115

CERTIFICATE OF DEATH

59 F 43115

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Rossiter ave. St. 27-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen M. Offenbacher

If U.S. Veteran specify WAR

(a) Residence: No. 515 Rossiter Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Frank Offenbacher

6. DATE OF BIRTH (month, day, year) Jan. 14, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry M. Spicer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie Scott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J. Frank Offenbacher
(Address) 515 Rossiter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 22 1938

19. UNDERTAKER E. Leroy Stoller, Inc.
(Address) 125 E. North Ave.

20. FILED JAN 21 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Jan. 19 1938

I last saw her alive on Jan 19 1938 Death is said to have occurred on the date stated above, at 1030 a in.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	1/15/38

Other contributory causes of importance:

Diabetes

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? urinal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Wm. D. Gillsworth M. D.

(Address) 415 Cedarcroft Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43116 — CERTIFICATE OF DEATH — F 43116

X 948

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 42-6 St., Ward)

Length of residence in city or town where death occurred 5 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Todd

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Salisbury, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand 17

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat 10

10. Date deceased last worked at this occupation (month and year) Apr. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Maryland

FATHER

13. NAME Purnell Todd

14. BIRTHPLACE (city or town) (State or country) unknown Scotland

MOTHER

15. MAIDEN NAME Annie Sylvar:

16. BIRTHPLACE (city or town) (State or country) unknown Maryland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Pompeii Date Jan 21 1938

19. UNDERTAKER E. Leroy Stoller, Inc.
(Address) 1238 Hollins St.

20. 21 1938 Huntington Williams Registrar.

JAN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1933, to January 19, 1938.

I last saw him alive on January 19, 1938. Death is said to have occurred on the date stated above, at 4:39 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	unknown
Pneumonia, lobular	terminal
Arteriosclerosis, general	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. N. Anderson. M. D.

(Address) U. S. Marine Hospital, Balto. Md.

4317 HEALTH DEPARTMENT—CITY OF BALTIMORE 4317

CERTIFICATE OF DEATH

Brooklyn ✓ 151-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Cambria St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Janet H. Gischel

(a) Residence: No. 1314 Cambria St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 1 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0-0-0

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward G. Gischel Jr

14. BIRTHPLACE (city or town) (State or country) Brooklyn Md

MOTHER

15. MAIDEN NAME Margaret Roder

16. BIRTPLACE (city or town) (State or country) Parksville Tenn

17. INFORMANT Mr Edward G. Gischel Jr
(Address) 1314 Cambria st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 22 1938

19. UNDERTAKER William H Maseck
(Address) 715 E 33rd st

JAN 21 1938 Huntington Williams N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936 to Jan 19, 1938

I last saw her alive on Jan 19, 1938 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Mongolism.	
Other contributory causes of importance:	
Pulmonary Edema.	1/19/38

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence A. Lenz M. D.

(Address) 1009 Annapolis Blvd

Dr. Raemsin 206 S. Gilmor St S.F. 1364

HEALTH DEPARTMENT—CITY OF BALTIMORE

13118 — F 13118

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Ruskin Ave Ward) 13 11-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary C. Shafer

(a) Residence: No. 2232 Ruskin Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Alfred M. Shafer

6. DATE OF BIRTH (month, day, year) Dec 20 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

FATHER

13. NAME George K. Smith

14. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

MOTHER

15. MAIDEN NAME Elizabeth Hart

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT (Address) Alfred M. Shafer 2232 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL Place Chambersburg Pa. Date Jan 24 1938

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED JAN 21 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-19-38, 19, to 1-20-38, 19

I last saw her alive on 1-20-38, 19. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-16-38
Bronchopneumonia	1-19-38

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Raemsin, M. D.

(Address) 206 S. Gilmor St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Genera Wells

If U. S. Veteran specify WAR

(a) Residence: No. 122 Sycamore Ave St., ... Ward. Edgemere Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ernest Wells

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cora Bailey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Brenda
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/21/38

19. UNDERTAKER Rayzer Sanders
(Address) 1443 E Preston St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938 to Jan 19, 1938

I last saw her alive on Jan 19, 1938 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicemia	1/13/38
Pneumonia	
Bil. Otitis Media	
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Hurley, M. D.

(Address) Johns Hopkins Hospital

N21 1038

43120 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 43120

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 S. DEAN ST. St., 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME HERMAN KRUSE

(a) Residence: No. 629 S. DEAN ST. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDIOWED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of OF LATE MARY KRUSE

6. DATE OF BIRTH (month, day, year) AUG. 18/ 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	71	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER 804 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ARUNDEL CO.

FATHER

13. NAME FREDERICK KRUSE

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT WILLIAM KRUSE (SON)

(Address) 629 S. DEAN ST.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART CEM. Date JAN. 24 1938

19. UNDERTAKER: Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED JAN 21 1938 Huntley Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 - 1937 to Jan 20, 1938

I last saw h.m alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 2/25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Truitt Backman M. D.

(Address) 3007 Fait Ave

43121

HEALTH DEPARTMENT—CITY OF BALTIMORE

43121

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Hammond (29604) If U. S. Veteran specify WAR

(a) Residence: No. 1421 E. Madison St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Fannie Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Jan 22 1938

19. UNDERTAKER Edw Bryan
(Address) 1241 orleans st

20. FILED JAN 21 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938 to January 17, 1938
I last saw him alive on January 17, 1938 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Nov. 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. M. Curtis, M. D.

(Address) Balto. City Hospitals

43122 HEALTH DEPARTMENT—CITY OF BALTIMORE 43122

CERTIFICATE OF DEATH

Registered No. 348

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Larkin Alexander

If U. S. Veteran specify WAR World War Veteran

(a) Residence: No. 904 E. at. Sparrows Point, St., ... Ward.
(Usual place of abode) 2nd (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME Joseph Larkin

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Cordelia Durrett

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place West Bl. Date Jan 21 1938

19. UNDERTAKER Archibald McGladdery
(Address) 2101 McCulloh St.

20. FILED ..... 19..... Registrar .....

JAN 21 1938

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1937 to 1/18, 1938.

I last saw h[illegible] alive on 1/15, 1938 Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic myocarditis	10-1-37
Myocardial Insufficiency	11-1-37
Pneumonia (Influenza)	1-15-38

Other contributory causes of importance: none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frederick M. Hanser M. D.

(Address) Johns Hopkins Hospital

13123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43123

CERTIFICATE OF DEATH

29967--MHW

$20 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City hospitals St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora Byrd

(a) Residence: No. 515 Gold St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 7/4/~~1895~~/1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40 ~~45~~	5 6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) virginia

FATHER

13. NAME Thorne Coosenberry

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Bina

16. BIRTHPLACE (city or town) (State or country) virginia

17. INFORMANT hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 21, 1938

19. UNDERTAKER Thomas E. Nelson & Son

(Address) 1303 Pennsylvania ave

20. FILED Huntington Williams M.D.

JAN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1938 to January 17, 1938

I last saw her alive on January 17, 1938. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-13-38
Other contributory causes of importance: Bronchopneumonia	1-15-38

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 43124

43124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1220 W. Pratt St. Ward) 18 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Phillip Joseph Knell

(a) Residence: No. # 1220 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Mary C. Knell 185

6. DATE OF BIRTH (month, day, year) April 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 74	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Knell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr William Knell

(Address) # 1220 W. Pratt Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 22, 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

Huntington Williams Mortuary

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Jan 19

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. H. Hamm Coroner, M. D.

(Address) 1822 W. Baltimore St

F 43125

3125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH St Agnes' Hospital,
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jennie C. Weber. If U. S. Veteran specify WAR .....

(a) Residence: No. 121 S. Calhoun St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced WIFE of (or) HUSBAND of: late Frank C. Weber

6. DATE OF BIRTH (month, day, year) Unknown - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME [illegible] Swift

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Frank B. Weber (Address) 3330 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. 1/23/38

19. UNDERTAKER J. J. Rowan & Son (Address) 501 Dolphin St.

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1938 to 1-20-1938

I last saw her alive on 1/20 1938 Death is said to have occurred on the date stated above, at 1230a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia.	?
Arteriosclerotic Cardiovascular Renal Disease	?
Other contributory causes of importance: Chronic Arthritis.	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Lawrence J. Slumanck M. D.

(Address) St. Agnes Hospital

43126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43126

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St Agnes' Hospital, Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens + Caton Aves St. 21-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Masterlark Mondshour If U. S. Veteran specify WAR

(a) Residence: No. 713 Ramsey St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17th 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8 months		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME Earl F. Mondshour

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma L. Hecker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Earl F. Mondshour
(Address) 713 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/22/ 1938

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Wallace St.

20. FILED JAN 21 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18 38 1938, to 1-21- 1938.

I last saw him alive on 1/21 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-14-38
Bilat. Otitis Media	1-18-38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify: .....

(Signed) Lawrence J. Shumaker M. D.
(Address) St. Agnes Hospital

F 43127

3127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron Frankel If U.S. Veteran specify WAR .....

(a) Residence: No. 223 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Apr. 10, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip Frankel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hetta Block

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. Ottenheimer (Address) 3508 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fort Lincoln Cy Date Jany. 24 1938

19. UNDERTAKER Harid Sondheim & Son (Address) 1902 Eutaw Place

20. FILED 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/38 . 19 . to 1/20/38 . 19 .

I last saw him alive on 1/16/38 . 19 . Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset .....
Arteriosclerosis
Uremia

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. E. Schmidt M. D.

(Address) Sinai Hospital

F 43128

43128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Morgan (29605)

If U. S. Veteran specify WAR

(a) Residence: No. 1922 Hanaman Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1938

COMMISSIONER of Health

19. UNDERTAKER P. H. A. Moore

(Address)

20. 1938 Huntington Williams Registrar.

377 N 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938 to January 13, 1938

I last saw him alive on January 13, 1938 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Ute 1437

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Curtis M. D.

(Address) Balto. City Hospitals

43129 F 43129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B cc

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 3414 Towanda Ave. St., 26-8 Ward)

Registered No. 1872

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah E. Bell Proctor

If U. S. Veteran specify WAR

(a) Residence: No. 3414 Towanda Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Richard Proctor

6. DATE OF BIRTH (month, day, year) May 3-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1-1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Edward Tobias

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME E.

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT John E. Bell Son

(Address) 414 Towanda Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Jan 23 1938

19. UNDERTAKER Mart W. & E. Dippel

(Address) 37 S. Amity St.

20. FILED JAN 12 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	day
Other contributory causes of importance: Mitro-Sclerosis	Some time

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1211 N. Broadway

1 1938

43130 E 43130

HEALTH DEPARTMENT—CITY OF BALTIMORE

43130 ✓ 82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. ... Ward 12-2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Edith Price Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. Temple Court Apts. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced (or) WIFE of Edgar H. Patterson

6. DATE OF BIRTH (month, day, year) Aug 30-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clarence Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Pauline Hemsley

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Maude Drew

(Address) 4111 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Jan 21 1938

19. UNDERTAKER J. Fenton Evans & Sons

(Address) 1-22

20. FILED JAN 21 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19. 1938. to Jan 20. 1938

I last saw her alive on Jan. 20. 1938. Death is said to have occurred on the date stated above, at 9:50 ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	Jan 19, '38
Other contributory causes of importance: Polycystic kidneys	birth

Was an operation performed? No Date of ?

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Sunday M. D.

(Address) Union Memorial Hospital

Mary E Taylor

F 43131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 12-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Taylor (Mary Elizabeth Rollison Taylor) If U. S. Veteran specify WAR .....

(a) Residence: No. 410 N. Charles St., St., Ward. Wash 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ralph A. Taylor

6. DATE OF BIRTH (month, day, year) June 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James A. Rollinson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan E. Leary

16. BIRTHPLACE (city or town) (State or country) Kent County Md.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan. 22, 1938

19. UNDERTAKER Wm. J. Tschner & Sons

(Address) North & Pa. Ave.

20. FILED Jan 21 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That attended deceased from Jan 1st, 1938 to Jan 20, 1938

I last saw h[illegible] alive on Jan 20, 1938 Death is said to have occurred on the date stated above, at 5.38 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Brain Tumor - Malignant.	
Other contributory causes of importance:	
Cva	

Was an operation performed? Yes Date of Jan 15, 1938

For what disease or injury? Brain Tumor

Name of operation Right Craniotomy

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emma Monroe Magruder M. D.

(Address) Johns Hopkins Hospital

43132 F 43132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 E 41st St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME GEORGE JOHN FAIRBANK

If U. S. Veteran specify WAR

(a) Residence: No. 509 E 41ST ST St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of JESSIE GEORGINE FAIRBANK

6. DATE OF BIRTH (month, day, year) JAN. 15, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
83	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ACCOUNTANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. INSURANCE OFFICE

10. Date deceased last worked at this occupation (month and year) FEB. 1, 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MARYLAND.

FATHER

13. NAME HENRY TROTH FAIRBANK

14. BIRTHPLACE (city or town) (State or country) BOZMAN, Md. TALBOT Co.

MOTHER

15. MAIDEN NAME MARY ANN OETTMAR

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, Md.

17. INFORMANT J. ESTELLE FAIRBANK
(Address) 509 E. 41ST. ST.

18. BURIAL, CREMATION, OR REMOVAL
Place LORRAINE CEMETERY Date JAN 22 1938

19. UNDERTAKER Wm. Tickner & Sons
(Address) Good & Fadwell.

20. FILED 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 1. 1937 to JAN. 19, 1938

I last saw him alive on JAN 19, 1938 Death is said to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE HEART DISEASE	1900
CEREBRAL HEMORRHAGE WITH HEMIPLEGIA - RT.	FEB, 1936
Other contributory causes of importance: BEGINNING GANGRENE LEFT LEG	JAN 17, 1938
PULMONARY EDEMA	JAN. 19, 1938

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO. If so, specify .....

(Signed) Robert F. Healy M. D.

(Address) 201 Medical Arts. Bldg.

3133 — 3133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Webster St., 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ann O'Toole

(a) Residence: No. 1317 Webster St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. O'Toole

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Maude Thompson (Address) 1317 Webster St.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Lawn Date Jan 22 1938

19. UNDERTAKER Fred. A. Cramp & Son (Address) 216 E. Chase St.

20. FILED ..... 19..... Registrar.

21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937 to Jan 20, 1938

I last saw h.. alive on Jan 20, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	2 yrs.
Other contributory causes of importance: Chronic Nephritis	2 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. M. Mello M. D.

(Address) 19 William St.

3134 E 13134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4705 Windsor Mill Road 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary H. Abel

(a) Residence: No. 4705 Windsor Mill Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. John J. Abel

6. DATE OF BIRTH (month, day, year) Aug. 8. 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montour Falls N.Y.

FATHER

13. NAME George Hinman

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Irene Benson

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Dr. John J. Abel
(Address) 4705 Windsor Mill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Montour Falls N.Y. Jany. 24. 1938

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

1 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from May ..... 19 37 to Jany 20. 1938 19 .....
I last saw her alive on Jany 19. 1938. Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Cerebral	1929
Broncho Pneumonia	Jany. 16

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Wm. Osler M. D.

(Address) Johns Hopkins Hospital

F 43135

43135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 St. Georges ave 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. LeRoy Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. 5203 St. Georges ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Irene W. Hopkins

6. DATE OF BIRTH (month, day, year) July 30-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Milton P. Hopkins

14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Alice M. Weaver

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Mrs Irene W. Hopkins

(Address) 5203 St Georges ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 22 38

19. UNDERTAKER John A. Ingram

(Address) 3000 E. Balto St.

20. FILED ... 19 ... Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/38

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to Jan 20 1938

I last saw him alive on Jan 19 1938 Death is said to have occurred on the date stated above, at 4 4 m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Interval 1 year

Other contributory causes of importance:

Myocardial Insufficiency

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) H. C. Pettigrew M. D.

(Address) 8 7 Hamilton Ter

F 43136

HEALTH DEPARTMENT—CITY OF BALTIMORE

43136

CERTIFICATE OF DEATH

V 157-D

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Bonne — If U. S. Veteran specify WAR .....

(a) Residence: No. 2522 Francis St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/14/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Bonne

14. BIRTHPLACE (city or town) (State or country) U S

15. MAIDEN NAME Alethea Gary

16. BIRTHPLACE (city or town) (State or country) U S

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1938
Place Date

19. UNDERTAKER COMMISSIONER OF HEALTH
(Address) For H. A. Moore

20. FILED ..... 19 ..... Registrar.

No. 1938

3773 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1938 to Jan 18 1938

I last saw her alive on Jan 18 1938. Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Brain	1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James H. Hinkley M. D.

(Address) Johns Hopkins Hospital

F 43137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 76-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Winkler

If U. S. Veteran specify WAR

(a) Residence: No. 202 S. East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/21/38

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Winkler

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Record JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 21 1938

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar.

JAN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/21/38, 19..., to 1/21, 1938

I last saw h alive on 1/18, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Prematurity
Congenital Evisceration

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James A. Harland, M. D.

(Address) Johns Hopkins Hospital

Case 17

13138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43138

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL 6-5 79-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Campbell If U. S. Veteran specify WAR

(a) Residence: No. 217 Broadway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/30/97

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MED. CAL SCHOOL JAN 21 1938
Place Date
COMMISSIONER OF HEALTH

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED 19 Registrar.

JAN 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-38 19

22. I HEREBY CERTIFY, That I attended deceased from 1 P.M. 1-15 1938 to 6 P.M. 1-15 1938

I last saw her alive on 6:55 1-15 19 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	1-14
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. O. Whitridge, M. D.

(Address) Johns Hopkins Hospital

F 43139

13139 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 2-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Thompson

(a) Residence: No. 523 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 31, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2½

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Wilbur Freeman

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Ethel Thompson

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 21 1938

19. UNDERTAKER
(Address) For H. A. Moore

20. FILED ..... 19..... Registrar.

JAN 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1937 to August 31, 1937

I last saw him alive on August 31, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

5110 11

F 43140

43140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N. Mount St., 16-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. Baltimore

If U. S. Veteran specify WAR

2. FULL NAME Mone

(a) Residence: No. 1031 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Harrington Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Bertha Braxton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bertha Braxton
(Address) 1031 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JAN 21 1938 19
COMMISSIONER OF HEALTH

19. UNDERTAKER H. A. Moore
(Address)

20. 1938 ... Registrar.

3777 1f

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1938 to Jan. 20, 1938

I last saw h[illegible] alive on Jan. 20, 1938 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

Prematur Birth (6 mos.) — Date of onset 1/19/38

Other contributory causes of importance: None

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. F. Scott M. D.

(Address) 1536 W. Lanvale St.

F 43141

3390 69

3141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George G Byers

If U. S. Veteran specify WAR

(a) Residence: No. 224 E Main St., ... Ward. Waynesboro Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie [illegible]

6. DATE OF BIRTH (month, day, year) Sept 20, 1861 12-20-61

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Church Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas Byers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanora Gilbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Md. Date Jan 27, 1938

mt View Cemetery

19. UNDERTAKER Walter L Grove

(Address) Waynesboro Va

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Jan 21, 1938

I last saw him alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Uraemia	14 days?
Urinary Tract Infection	?
Pulmonary Edema	

Other contributory causes of importance:

Pernicious Anemia	
Mitral Insufficiency	

Was an operation performed? Yes Date of Jan. 17, 1938

For what disease or injury? Uraemia and Prostatic obstruction

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? X-ray-Urogram Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl E. Burkland M. D.

(Address) Johns Hopkins Hospital

13142 E 13142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X481

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dale Carleton

(a) Residence: No. Baldwin Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baldwin Md

FATHER

13. NAME Paul Carleton

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Ada Watson

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Nathan Watson

(Address) Baldwin Md

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem Date Jan 23 1938

19. UNDERTAKER Geo. Butler

(Address) Jarrettsville Md

20. FILED 19 Registrar

Huntingtown, Md

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned. Ignition of clothes from stove	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury 1/21, 1938

Where did injury occur? Baldwin Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Burned from Ignition of clothes by a degree

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D. Coroner

(Address) Coroner

F 43143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced- (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19.....

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... 19.....

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

		Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

3144 F 13144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Whitmarsh St. 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME William Aloysius Tallahan

(a) Residence: No. 921 Whitmarsh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Tallahan

6. DATE OF BIRTH (month, day, year) March 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co., Md.

MOTHER FATHER

13. NAME Emory Tallahan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Eckerup

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas. Tracy

(Address) 921 Whitmarsh St.

18. BURIAL, CREMATION, OR REMOVAL Place Druids Date 1/24 19 38

19. UNDERTAKER William A Jackson

(Address) 1116 Penna Ave

19 ... Registrar.

FILED 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above and saw the evidence ... held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence ... died that said deceased came ... (Inquest, Autopsy or Inquiry) 8:20 A.m. death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance

Chronic Nephritis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otho Gerwig M. D. Coroner

(Address) 1210 Eutaw Place

3145 E 12145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Elgin Ave. St., 15-7 Ward) Walbrook.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman G. Odenwald

If U.S. Veteran specify WAR .....

(a) Residence: No. 3309 Elgin Ave. Walbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lauer

6. DATE OF BIRTH (month, day, year) Dec. 18, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired 10 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate Developer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER FATHER

13. NAME Philip Odenwald

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Aberle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna M. Odenwald
(Address) 3309 Elgin Ave. Walbrook

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 24 1938

19. UNDERTAKER Henry W Meanston.
(Address) 805 N. Calvert St.

20. FILED 1638 Hunter-Williams Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1934 to Jan 20 . 1938

I last saw him alive on Jan 20 . 1938 Death is said to have occurred on the date stated above, at 5.22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis about	5 yrs
Paralysis agitans —	1934
Cerebral Hemorrhage Paralysis	last
duration one week	
Hypertension —	5 yrs
Other contributory causes of importance:	
Hypertension —	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Physical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Allan Dunbett M. D.

(Address) 2220 Garrison Blvd

✓ F 43146

HEALTH DEPARTMENT—CITY OF BALTIMORE

3146

CERTIFICATE OF DEATH

131

Registered No. 8-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 N. Castle St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Finch

If U.S. Veteran specify WAR

(a) Residence: No. 1913 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John E. Finch

6. DATE OF BIRTH (month, day, year) August 2, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Bender

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ~~Carrie~~ Minnie Shelling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret M. Hoey

(Address) 1913 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date January 24, 1938

19. UNDERTAKER Howard M. Bright

(Address) 1414 Druid Hill Ave.

[illegible] Hampton Williams, M.D. Registrar

6 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1936 to Jan. 21, 1938

I last saw her alive on Jan. 20, 1938 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? P.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hampton Williams M. D.

(Address) 1224-1226 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43147 — CERTIFICATE OF DEATH — 131 F 43147

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 E. Pratt st St., 2-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yr. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Schaller

(a) Residence: No. 1706 E Pratt st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced [redacted] WIFE of Jacob Schaller

6. DATE OF BIRTH (month, day, year) June 24-1862.

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Margaret Gost
(Address) 115 N. Streeper st.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 24 1938

19. UNDERTAKER George A Weber
(Address) 705 S Ann st

[illegible] Jan 22 1938 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1938 to Jan. 21 1938.

I last saw her alive on Jan 21 1938. Death is said to have occurred on the date stated above, at 10.25 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

Myocardial Insufficiency

Terminal Pneumonia

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Andrew Hunsowski, M. D.

(Address) 2529 Eastern Ave.

M. D. B. 1268-9

✓ F 43148

F 43148 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Etta May Boulden

(a) Residence: No. 700 Bremerton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip J. Boulden

6. DATE OF BIRTH (month, day, year) May 28 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Phillip J. Boulden

(Address) 700 Bremerton St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jun 22, 1938

19. UNDERTAKER E. Thompson & Son

(Address) 3615 Gwynn Oak Ave

1938 JUN 20 Huntington W. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1938

22. I HEREBY CERTIFY, That I last attended the deceased from June 17 to June 19 1938 that I last saw ... alive on June 17 1938 and that death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Infarct	

Other contributory causes of importance: Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1712 E. North Ave

237 854 13149

HEALTH DEPARTMENT—CITY OF BALTIMORE 13149

CERTIFICATE OF DEATH

153

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1402 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Fannie Madison

If U. S. Veteran specify WAR

(a) Residence: No. 1508 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 4/5/17

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Christopher Madison

14. BIRTHPLACE (city or town) (State or country) Va -

15. MAIDEN NAME Mildred Seater

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Berkeville Va Date 1/22/38

19. UNDERTAKER Mrs George A. Pollard
(Address) 1601 Druid Hill Ave

FILED 1/21/1938 Remington Williamsburg Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1937 to Jan 19, 1938

I last saw her alive on Jan 19, 1938 Death is said to have occurred on the date stated above, at 1.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lupus erythematosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Futcher, M. D.

(Address) Johns Hopkins Hosp.

43150 E 43150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29815 JS

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-4 Ward) 953

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Sullivan

If U. S. Veteran specify WAR No Record

(a) Residence: No. 607 E. 27th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Robert Sullivan

6. DATE OF BIRTH (month, day, year) 1-12-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Livan Seigman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 24 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams M.D.
Registrar.

JAN 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938, to January 19, 1938

I last saw her alive on January 18, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-10-38
Other contributory causes of importance: Hypertension, cardiovascular disease	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Kelly M. D.

(Address) Baltimore City Hospitals

43151 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43151

CERTIFICATE OF DEATH

26-1295B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Hamill

(a) Residence: No. B. C. A. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-26-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME H. Hamill

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Kate Conent

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT B. C. A. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1/22/38

19. UNDERTAKER William Cook
(Address) 1217 E. Fayette St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1937 to January 20, 1938

I last saw him alive on January 20, 1938. Death is said to have occurred on the date stated above, at 12 00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. DeSautelle, M. D.

(Address) Baltimore City Hospitals

43152 E 43152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 252

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Huron St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dobiel (Dubiel)

If U.S. Veteran specify WAR

(a) Residence: No. 2709 Huron St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE) Anna Dobiel

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Antoni Dubiel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Magdalena Bera

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Dobiel
(Address) 2709 Huron St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 1/24/38

19. UNDERTAKER William Fidelworth
(Address) 1618 Eastern Ave

22193 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22 to Jan 16, 1938.
I last saw him alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis. — Date of onset 1 year. very

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. J. Gilmore M.D.
(Address) 2208 Fallsway

43153 ✓ F 43153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Brunt St., 14-3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bobby Lee Rice

(a) Residence: No. 2026 Brunt St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Infant

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Infant

6. DATE OF BIRTH (month, day, year) 9-25-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mack Rice

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Aline Hankins

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mack Rice (7)

(Address) 2026 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1-22 1938

19. UNDERTAKER Charles G. Cofer

(Address) 574 N. Calhoun St

Huntington Williamson, W. Va.

1-22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/19/38 to Jan 21 1938

I last saw h[illegible] alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of Importance were as follows:

Lobular Pneumonia — Date of onset 1/19/38

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) B. J. Halpern M. D.

(Address) 1 [illegible]

Spec.—1-30—M. & T.—250 Bks

✓ F 43154

43154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenbury Road St. 27-15 Ward)

2-FULL NAME James Hamilton

(a) RESIDENCE NO. 2001 Greenbury Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Eva A Hamilton

6 DATE OF BIRTH (month, day, and year) 7. 27 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist 086

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Washington Md

PARENTS

10 NAME OF FATHER James Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Annie M Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) United States

14 Informant Mrs Eva Hamilton (Address) Fort Washington Md

15 Filed 2 1938 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1. 20. 1938

17 I HEREBY CERTIFY, That I attended deceased from Sept 1. 1937 to Jan. 20 1938, that I last saw him alive on Jan. 20 1938, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis - Senile degeneration with Cerebellum of Cardiac Mid Hemorrhage.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion -

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray.

(Signed) C. H. Burton M. D.

1. 21, 1938 (Address) Fort Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Jan 22 1938

20 UNDERTAKER Stewart Memorial ADDRESS 1220 Mon

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43155

CERTIFICATE OF DEATH

108 F 43155

Registered No.

1. PLACE OF DEATH South Balto. Gen. Hosp

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Grauling (WM. J. GRAULING) If U. S. Veteran specify WAR

(a) Residence: No. 3126 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Grauling

6. DATE OF BIRTH (month, day, year) Feb. 25. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Weigher and sampler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER'S FATHER'S

13. NAME Frederick Grauling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Grauling (Wife)
(Address) 3126 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL 1st Evangelical Cem. Date Jan. 22. 1938
Place

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry J. Sander
(Address) Baltimore & Broadway.

JAN 22 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1938, to 1-18, 1938

I last saw h[illegible] alive on 1-18, 1938. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia right lower Lobe	1-14-38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Kirk, M. D.
(Address) South Balto. Gen. Hosp.

43156

HEALTH DEPARTMENT—CITY OF BALTIMORE

43156

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 St Mary St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jeffers

(a) Residence: No. 416 St Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Jeffers

6. DATE OF BIRTH (month, day, year): Dec 31 1876

7. AGE: Years 61 | Months | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundress

10. Date deceased last worked at this occupation (month and year): 1937 | 11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Jefferson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Susan Hamilton

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ola Jeffers

(Address) 416 St Mary St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem Date Jan 21 1938

19. UNDERTAKER: Bono & Pomeroy Funl Dir

(Address) 818 Druid Hill Ave

20. DATE RECEIVED: JAN 22 1938 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/19/38

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1938 to Jan 19th 1938

I last saw her alive on Jan 16th 1938. Death is said to have occurred on the date stated above, at 1230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	6 mos

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) John Bowley M. D.

(Address) 519 N Carrollton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

13157

CERTIFICATE OF DEATH

92-a-E 13157

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Fair View ave St.) 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Levy.

(a) Residence: No. 3601 Fair View ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): Oct 11 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: mfg. clo.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Barney Levy.

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Ida Kitai

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Ida Levy
(Address) 3601 Fair View ave

18. BURIAL, CREMATION, OR REMOVAL: Beth Jacob Cemetery Date Jan 23 1938

19. UNDERTAKER: Sol Levinson Bros.
(Address) 1124-26 W Northern ave

Jan 22 1938

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Jan 21 1938

I last saw him alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Edema	
2. Pulmonary Mitral insufficiency	
Other contributory causes of importance: Hypertension	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Joseph J Yurkin M.D.

(Address) 1249 Reisterstown Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43158 — 7595-B — F 43158

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E. Madison St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Jefferson

(a) Residence: No. 1613 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Terrell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Florence Chase

(Address) 1613 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1/22/ 1938

19. UNDERTAKER Frances G. Kemp

(Address) 578 W. Lafayette Ave

20. FILED JAN 22 1938 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-17- 1938 to 1-19- 1938

I last saw her alive on 1-18- 1938. Death is said to have occurred on the date stated above, at 1245 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-17-38
Other contributory causes of importance: Cardio Renal disease	—

Was an operation performed? No Date of

For what disease or injury? None

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. P. Hangen M. D.

(Address) 611 N. Carolina

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43159 F 43159

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 12-7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Jones Sr

(a) Residence: No. 200 W 21 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Amos Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Kemp

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Jones

(Address) 200 W 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/23/ 38

19. UNDERTAKER Francis A Hemsley

(Address) 5781 W Biddle St

20. FILED JAN 22 1938 Hunter Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Jan 19 1938
Other contributory causes of importance: Hypertension Essential	about 1935

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43160 CERTIFICATE OF DEATH 27-2 93D F 43160

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. 2035 Southern Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ADDIE SELIGMAN PARKER If U. S. Veteran specify WAR

(a) Residence: No. 2203 Southern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: e | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles C. Parker

7. DATE OF BIRTH (month, day, year): July 30, 1864

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Hagerstown (State or country) Maryland

13. NAME Samuel T. Seligman

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Annie Penner

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. I. Bester
(Address) 454 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 24, 1938

19. UNDERTAKER John Ulrich
(Address) 2008 Eutaw St

20. FILED JAN 22 1938 Huntington Williams 1st Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 20, 1938
I last saw h alive on Jan 20, 1938 Death is said to have occurred on the da stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Auricular Fibrillation	
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas Sumner M. D.

(Address) 470 Reisterstown Road

1/21/38

43161

HEALTH DEPARTMENT—CITY OF BALTIMORE

43161

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 S Maderia St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank W Vogel

(a) Residence: No. 253 S Maderia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 2 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Vogel

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Margaret Hutchinson
(Address) 253 S Maderia St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 24 1938

19. UNDERTAKER John Todd & Sons
(Address) 1008 N Eutaw St

20. FILED JAN 22 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1927 to Jan. 20, 1938
I last saw him alive on Jan. 20, 1938 Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	1-20-38
Other contributory causes of importance: Pulmonary Tuberculosis	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? P.S. & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John K. Kozerbicki M. D.
(Address) 1802 Eastern Ave

F 43162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43162

8-5 93-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 E. 25th St. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Küffner

(a) Residence: No. 1724 E. 25th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Kuffner

6. DATE OF BIRTH (month, day, year) June 26 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. resteraunt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fritz Kuffner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Joseph Ewing

(Address) 1724 East 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Jan 22 1938

19. UNDERTAKER John McGrath

(Address) 2008 Falcon Av

Huntingdon Williams, Jr.

Registrar

20. FILED JAN 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schnepfer Coroner, M. D.

(Address) 1917 E. North Ave

F 13163 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13163

CERTIFICATE OF DEATH

Registered No. 1577

1. PLACE OF DEATH Baltimore City Hospitals, 1 86-E CC
CITY OF BALTIMORE: (No.) Bay View St., 7 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.
If U. S. Veteran specify WAR

2. FULL NAME Edward Curry
(a) Residence: No. 706 E. Preston St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Eliza Curry
6. DATE OF BIRTH (month, day, year): Aug. 14-1865
7. AGE: Years 72; Months 5; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

FATHER
13. NAME: Edward Curry
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Susan Kerr
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Mary C. McKenna
(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Cathedral Date: 1/24/38

19. UNDERTAKER: George J. Pfeltz Inc
(Address) 1735 Hanover Ave Baltimore, Md.

20. FILED JAN 22 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20, 1938

22. I HEREBY CERTIFY, That I last saw [illegible] alive, and that [illegible] death occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1 day
Contusion Chest wall	Dec.
Contributory causes of importance: Fracture 7th & 8th ribs right side	12-1937
Fracture right clavicle	

Was an operation performed? No Date of
For what disease or injury?
Name of operation: Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec. 29 1937
Where did injury occur? 702 E. Preston St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Tavern
Manner of injury: Fell down steps
Nature of injury: Fractures as above stated

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner
(Address) 1712 N. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43164

CERTIFICATE OF DEATH

46-B F 43164

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 Jasper St., 4-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Leighsmann

If U.S. Veteran specify WAR

(a) Residence: No. 225 Jasper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lewis Leighsmann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lucy Hillis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lucy Sampson

(Address) 225 Jasper St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Jan. 24, 38

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

Huntingdon Williams, N.F.

Registrar

N 22138

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 20, 1938

I last saw him alive on Jan 19, 1938. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Broncho Pneumonia	19 da	1/37
Rosacea Hoarse		
Other contributory causes of importance:		

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physician Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Hess, M. D.

(Address) 924 Madison Ave

F 43165

13165 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. 0

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Volunteers of America Hosp St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Eugene Green
(a) Residence: No. 6004 Bertram Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Infant.
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 9/13/37.
7. AGE: Years | Months: 4 Mos | Days: 6 days | If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Balto Md.
13. NAME OF FATHER: Laurence Green.
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.
15. MAIDEN NAME OF MOTHER: Regina Green.
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.
17. INFORMANT: Mr Laurence Green
(Address) 6004 Bertram Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place: Morelands Date: 1/22 1938
19. UNDERTAKER: John G. Connelly
(Address) Essex Md.

1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938 to Jan 19, 1938
I last saw him alive on Jan 19, 1938. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/6/38
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Linard N. Hummel M. D.
(Address) 418 N. Rayner St.
Pol. 7, Oneida 4700.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43166

CERTIFICATE OF DEATH

210 F 43166

1. PLACE OF DEATH South Baltimore General Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cornelius Hooper

(a) Residence: No. 1028 McCulloh St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Hooper.

6. DATE OF BIRTH (month, day, year) Aug 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME not none

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME not none

16. BIRTHPLACE (city or town) (State or country) not none

17. INFORMANT Annie Hooper Wife

(Address) 1028 McCulloh st

18. BURIAL, CREMATION, OR REMOVAL

Place Druth Hill Md Date Jan 23rd 1938

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley ave

JAN 22 1938 Huntington Williams Mgr.
(Date) (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Embolism	
Other contributory causes of importance: Fractured left leg	12/24

Was an operation performed? yes Date of 12/24

For what disease or injury? Frac left leg

Name of operation Amp ⅓ left foot Date of 1/24

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/24 1938

Where did injury occur? Harper & Stanley St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk

Manner of injury Fell upon side

Nature of injury struck pedestrian

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert J Feeley Coroner M. D.

(Address) 607 N Chas

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43167

43167

CERTIFICATE OF DEATH.

✓ 157-e

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Belair Rd. ST., 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Trimble

(a) RESIDENCE NO. 6000 Belair Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/20/38

7 AGE — Years: — Months: — Days: 2 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Charles Edward Trimble.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Ellen Mae Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Mother

(Address) .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/22 1938

17 I HEREBY CERTIFY, That I attended deceased from 1/20, 1938, to 1/22, 1938,

that I last saw her alive on 1/21, 1938,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

— (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): 7 month premature

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Joseph S. Blume, M. D.

, 19 (Address) 1906 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Violetville St. Pauls Cemetery

DATE OF BURIAL: 1/22 1938

UNDERTAKER: Harry H. Pitzhe

ADDRESS: 4007 E. Monument Ave

JAN 23 1938 Huntington Williams, N.F. Registrar

13168

HEALTH DEPARTMENT—CITY OF BALTIMORE 13168

13168

CERTIFICATE OF DEATH 28617-34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Casper Wawrzyniak (Bro.-3508 Gough St.,)

(a) Residence: No. No home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married (Sep)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 2-2-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madeline Kotel(D)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date 1/24 1938

19. UNDERTAKER Durward J. Covington

(Address) 21 W. 20th St.

20. FILED JAN 23 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1937 to 1-20 1938

I last saw him alive on 1-19 1938 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculi, right	unknown
Shock, post-operative & hemorrhage	1/18/38
Acute gastric dilatation	1/19/38

Other contributory causes of importance:

Was an operation performed? yes Date of 1-18-38

For what disease or injury? Renal calculi

Name of operation Nephrectomy, right

What test confirmed diagnosis? Surgery Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L K Woodward M. D.

(Address) Balto. City Hosp.

43169

HEALTH DEPARTMENT—CITY OF BALTIMORE

43169

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 No Appleton St. 15-2 Ward)

Length of residence in city or town where death occurred ..... yrs. 38 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Paul

(a) Residence: No. 1524 No Appleton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bernard

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 68. Months: Days: If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jacob Gorban 1524 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL: Philadelphia Date 1/23 38

19. UNDERTAKER: Jack Levin Inc (Address) 1739 E. Baltimore st

1/23 1938 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Jan 21, 1938. I last saw her alive on Jan 21 1938. Death is said to have occurred on the date stated above, at 3 30 7 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (chronic nephritis) — Date of onset 1925 ?

Other contributory causes of importance: Asthma, chronic bronchitis.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Pushkin, M. D.

(Address) 2338 Eutaw Pl.

3170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 43170

CERTIFICATE OF DEATH ✓ 94-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 312 Abbemarle St. 3-V Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Harry Duffy
(a) Residence: No. 312 Albemarle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 16 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Employ
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) England
13. NAME William Duffy
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Obrien
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Margaret Sherigo
(Address) 312 albemarle st
18. BURIAL, CREMATION, OR REMOVAL
Place St Vincent Date Jan 24 1938
19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Balto st
FILED 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1938 to Jan. 20, 1938
I last saw him alive on Jan. 20, 1938 Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/17/38
Other contributory causes of importance: Influenza	1/16/38

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Eugene L. Cassard M. D.
(Address) 514 Drury Lane

43171

HEALTH DEPARTMENT—CITY OF BALTIMORE

43171

CERTIFICATE OF DEATH

92-a

Registered No. 113-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Wellington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph B Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 809 Wellington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Willie E. Mitchell

6. DATE OF BIRTH (month, day, year) Sept 19, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Edward Mitchell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sally Carr

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Willie E. Mitchell
(Address) 809 Wellington St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hampden Date Jan 24, 1938

19. UNDERTAKER Thirowitt Son
(Address) 3615-17 Chestnut Ave

20. FILED Jan 23 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1937 to Jan 20, 1938

I last saw him alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo & Myocarditis	5 mos.

Other contributory causes of importance: Pulmonary Embolism

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joan Dreckman M. D.

(Address) 846 W 36th St. Balto

F 43172

13172 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Park Ave St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Julia Garrison

(a) Residence: No. 910 Park Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Garrison

7. DATE OF BIRTH (month, day, year) 1853.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NATIONALITY Born Albino

14. BIRTHPLACE (city or town) (State or country) Philadelphia

15. MAIDEN NAME Culverson

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Pelham Martin (Address) 2x Park Ave Balto

18. BURIAL, CREMATION, OR REMOVAL Place Phila Penna Date Jan 24th 1938

19. UNDERTAKER Joseph A. Tichy (Address) 1092 N Mount St

20. FILED 23 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20/37, 19 to 1/22/38, 19

I last saw her alive on 1/20/38, 19 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows: Chronic Bronchitis Duration 1 yr

Contributory

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Ellis M. D.

(Address) 324 Park Ave

M. D. F. 1268-9

F 13173

13173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E. Lanvale St., 18th Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Edward Feeney

(a) Residence: No. 211 E. Lanvale St., 18th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced
HUSBAND of Mabel L. Feeney
(or) WIFE of

3. DATE OF BIRTH (month, day, year) Jan 25 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Infant Feeney

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thomas O. Feeney
(Address) 211 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Jan 24, 1938

19. UNDERTAKER Joseph A Turley
(Address) 4291 Mount Street

Jan 23 1938 Hearing to Williams, Wm. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to June 20, 1938

I last saw h alive on June 20, 1938 Death is said to have occurred on the date stated above, at 11P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/7/38

Other contributory causes of importance:

Influenza	11/10/38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

13174 13174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... 42-6 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest H. Eister

If U. S. Veteran specify WAR

(a) Residence: No. 6 Hesano Ave., Rosedale Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Coscia

DATE OF BIRTH (month, day, year) Feb. 20, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tire Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Akron, Ohio

13. NAME Andrew Eister

14. BIRTHPLACE (city or town) (State or country) unknown Germany

15. MAIDEN NAME Mary Ressler

16. BIRTHPLACE (city or town) (State or country) Sunbury, Penna.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date Jan. 24th 1938

19. UNDERTAKER Fredk. Tasselmeyer Son (Address) 2411 Eutaw Pl.

FILED JAN 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to January 21, 1938

I last saw him alive on January 21, 1938. Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, cause undetermined	June 1937
residual, probably lethargic type	
Cardiac disease, dilatation, acute terminal	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

13175

HEALTH DEPARTMENT—CITY OF BALTIMORE

13175

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 13-8 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Talbott

If U. S. Veteran specify WAR

(a) Residence: No. 1404 Fremin Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) Jan. 14, 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Fred. B. Talbott

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

15. MAIDEN NAME Alma Robinson

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Fred. B. Talbott

(Address) 1404 Fremin Ave, Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon-Woodlawn Date Jan. 25 1938

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Govans, Md.

20. FILED Jan 26 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938 to January 23, 1938

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Upper Respiratory Infection	1/19/38
Dysentery	over
Secondary Anemia	
Other contributory causes of importance: Hemorrhage from Intestine	1/21/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Cult? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Long, M. D.

(Address) University Hospital

13176 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13176

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Landauer

If U.S Veteran specify WAR

(a) Residence: No. 2125 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	80	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Landauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Mela

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss R. Landauer

(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Heb. Cem. Date Jan. 24, 1938

19. UNDERTAKER Harid Sondheim & Son

(Address) 1702 Eutaw Place

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/38

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938 to Jan. 22, 1938

I last saw her alive on Jan. 22, 1938 Death is said to have occurred on the date stated above, at 7 30 A.M.

The principal cause of death and related causes of importance were as follows:

Bilateral bronchopneumonia (not stated)

Date of onset 1/16/38

Other contributory causes of importance:

Hypertensive heart disease

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert M. Gundersheimer Jr. M. D.

(Address) Sinai Hospital

3 1938

3177 E 13177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E. Madison St. 7-2 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura Cleveland (Howard) U. S. Veteran Specify WAR

(a) Residence: No. 1614 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Paul Cleveland.

6. DATE OF BIRTH (month, day, year): December 25 1882

7. AGE: Years 55; Months; Days 25; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Hannah —

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Dollory Vincent
(Address): 1614 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: Jan. 23. 1938

19. UNDERTAKER: Robert H. Young
(Address): 804 E. Caroline St

20. FILED: 19 Huntington Williams, Registrar.

JAN 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 20. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22 1937 to Jan 20 1938

I last saw h. alive on June 1 1937. Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pneumonia Hypostatic Pneumonia	Jan 14
Other contributory causes of importance: Mitral Regurgitation	Unknown
arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) R. H. Young M. D.

(Address) 1429 E Monument St

E 13178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29142-C 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hutchins, Thomas

(a) Residence: No. 910 Aisquith St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	D	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-2-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Dockins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Memorial Park Date Jan. 25 1938

19. UNDERTAKER Robert L. Crumlish
(Address) 804 W. Caroline St

20. FILED JAN 25 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1937 to January 21, 1938

I last saw him alive on January 21, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals

13179 HEALTH DEPARTMENT—CITY OF BALTIMORE 13179

CERTIFICATE OF DEATH

1-1556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2308 South Road (Mt Wash) (St.) (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phyllis Lorraine Salganik If U. S. Veteran specify WAR

(a) Residence: No. 2308 South Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 19 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Louis Paul Salganik

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Dora Drushman

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Louis Paul Salganik

(Address) 2308 South Road

18. BURIAL, CREMATION, OR REMOVAL

Place Bals. Hebrew Date 1-23-38

19. UNDERTAKER: Jacob Levin Inc

(Address) 1439 E. Baltimore St.

20. FILED 19

Huntington Williams

1-23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 22, 1938

I last saw her alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic endocarditis	5 yrs
Other contributory causes of importance: Myocardial failure	2 days

Was an operation performed? No Date of /

For what disease or injury? /

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /

(Signed) I. Fredrick Leitz, M. D.

(Address) Temple Garden Apts

43180 HEALTH DEPARTMENT—CITY OF BALTIMORE 43180

CERTIFICATE OF DEATH

20-1 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 W. Baltimore St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Eichner,

If U. S. Veteran specify WAR

(a) Residence: No. 1842 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) November 29. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) Sept 1927

11. Total time (years) spent in this occupation 53 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Andrew Eichner,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Lamp,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Eichner.
(Address) 245 John St. Lakewood N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JAN 24 1938

19. UNDERTAKER Geo N Settle
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, M.D. Registrar.
23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1937 to Jan 20 1938

I last saw h[illegible] alive on Jan 20 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe.	12 days
Influenza Pneumia.	
Broncho Pneumia.	
Other contributory causes of importance:	
Cardiac Asthenia.	3d

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Earl Lamp M. D.
(Address) 806 N Fulton Ave

3181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43181

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 15-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Mae Mallonee

If U. S. Veteran specify WAR .....

(a) Residence: No. 1819 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) February 12. 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
5	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Lloyd L. Mallonee,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

15. MAIDEN NAME A. Margaret Kern

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Lloyd L. Mallonee,
(Address) 1819 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 1- 24-38

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar
Huntington Williams, M.D.

JAN 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12 - 20, 1937 to 1 - 21, 1938

I last saw her alive on 1 - 21, 1938 Death is said to have occurred on the date stated above, at 10 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	1
Other contributory causes of importance:	ditto

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. Williams M. D.

(Address) Md. Gen. Hospital

43182 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43182

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2044 E. Balto St., 6-4 Ward)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ida Ader
(a) Residence: No. 2044 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Benjamin
6. DATE OF BIRTH (month, day, year)
7. AGE: Years 89; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Russia
13. NAME of father: Isaac Ader
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME of mother: Hannah Ader
16. BIRTHPLACE (city or town) (State or country): Russia
17. INFORMANT: Harris Ader
(Address) 2044 E. Balto St
18. BURIAL, CREMATION, OR REMOVAL: Pt. Lawn
Date 1-23-38 19
19. UNDERTAKER: Isaac Lowe Inc.
(Address) 1737 E. Balto St
20. FILED ... 19... Registered No.
Huntington Publishing Co., Inc.
JAN 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-38 19
22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1937 to Jan 22 1938
I last saw her alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes, of importance: Chronic Nephritis	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wm. E. Schapiro M. D.
(Address) 1935 N. Monroe

43183

HEALTH DEPARTMENT—CITY OF BALTIMORE

43183

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Argyle Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John Thomas

(a) Residence No. 1135 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

DATE OF BIRTH (month, day, year) July 4, 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Noble Thomas

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

15. MAIDEN NAME Elizabeth Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Agnes Thomas

(Address) 1135 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/25 1938

19. UNDERTAKER Frances P. Hemsley

(Address) 578 W. Biddle St

Jan 23 1938 - Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 18 1938 to Jan 21 1938

I last saw h— alive on Jan 20 1938. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Pulmonary Embolism	1/18/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Z. Hatcher, M. D.

(Address) 1225 Fe Ave

F 43184

43184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1938-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

U. S. Veteran specify WAR .....

2. FULL NAME James H. Nickel

(a) Residence: No. 1032 E. Fort Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of? Mary Nickel

6. DATE OF BIRTH (month, day, year) June 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter Nickel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Nickel

(Address) 1032 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Sheridan Date Jan 24, 1938

19. UNDERTAKER C. Bagnell Egan

(Address) 1400 Eutaw St

[illegible] Huntington Williams, M.D.

1 23 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
His Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Jan. 20, 1938
Accident, suicide, or homicide? Date of injury

Where did injury occur? Pier 6, Locust Point Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Working on S/S London Exchange

Nature of injury Boat. Steel sliped from Sling and Struck him on Head

24. Was injury or any illness related to occupation of deceased? Yes If so, specify Injury while workin

(Signed) [illegible] M. D.

(Address) 2737 E Lanvale St

43185 E 43185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Sisters of the Poor St., 13-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Marcus Watts
If U. S. Veteran specify WAR

(a) Residence: No. 805 N. 38th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Heath

7. DATE OF BIRTH (month, day, year) June 13-1854

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME George M. Watts

14. BIRTHPLACE (city or town) (State or country) Maryland

15. NAME Amelia Foster (Heath)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sister Stanislaus, Sup
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Marys (Hampden) Jan. 24 1938

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Road

DATE 231938 19 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 14th, 1938, to Jan 22, 1938

That saw h[illegible] alive on June 21, 1938. Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 D
Other contributory causes of importance:	
Chr Endocarditis	?
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. McGuire, M. D.

(Address) 1114 Harlem

F 43186

43186 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Kennett St., 13-3 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Lehman

(a) Residence: No. 1526 Kennett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman M. Lehman

6. DATE OF BIRTH (month, day, year) May 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Patrick Rega

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nash

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Herman Lehman

(Address) 1526 Kennett St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 24 1938

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 N. North Ave.

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/21/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Crain M. D.
Coroner

(Address) Coroner

S 6

F 13187

13187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Mt Royal Terrace St., 13-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Laura A Brown

(a) Residence: No. 1906 Mt Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Brown

DATE OF BIRTH (month, day, year) Dec 12.1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Hobbs

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Jane Spicer

(Address) 3008 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jany 25.1938

19. UNDERTAKER John Armistead

(Address) 1900 Eutaw Place

20. FILED Huntington Williams, Registrar

JAN 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937, to January 23, 1938

I last saw h.e alive on January 22, 1938 Death is said to have occurred on the date stated above, at 12 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis, left	1/22/38
Other contributory causes of importance: chronic myocarditis & mitral insufficiency	about 5 years

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none clinical and laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank C. Smith Jr. M. D.

(Address) 1014 St. Paul Street, Baltimore

13188 HEALTH DEPARTMENT—CITY OF BALTIMORE 13188

13188

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Hospital — Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Ruth May Montgomery

(a) Residence: No. 2112 N Calvert St., ... Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard M. Montgomery

7. DATE OF BIRTH (month, day, year): Sept 16, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ontario Canada

13. NAME: Henry M. O'Maunds

14. BIRTHPLACE (city or town) (State or country): Michigan

15. MAIDEN NAME: Eva M. Lloyd

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Richard M. Montgomery

(Address) 2508 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jany. 24 1938

19. UNDERTAKER: John A. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED: 1938 Huntington Williams, M.D.

JAN 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1937 to Jan 21, 1938 that she was last alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 1.25 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-renal Disease

arteriosclerosis

Date of onset: ? ? ?

F 43189

43189 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Towson St. St., 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Stasuick

(a) Residence: No. 1405 Towson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Stasuick

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevadore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Walter Stasuick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna W. Kivick

(Address) 801 S. Oldnam St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Orth. Date Jan 24 1938

19. UNDERTAKER Margaret S. Flynn

(Address) 422 Light St.

JAN 23 1938 H. Leighton Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Kaplan M. D.

(Address) 2757 W. North Ave. Coroner

43190 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 43190

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 West Clement St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... de.

2. FULL NAME Cecelia Faulkner

If U. S. Veteran specify WAR .....

(a) Residence: No. 9 W. Clement St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Faulkner.

DATE OF BIRTH (month, day, year) Aug. 10. 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Leach

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas L. Faulkner (Address) 7 W. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan 25 19 38

19. UNDERTAKER Wm. J. Howard & Son (Address) 1432 Light St.

20. FILED JAN 23 1938 19 ..... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1938, to Jany 22, 1938. I last saw h[illegible] alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	
Other contributory causes of importance: Arterio-sclerosis + Hypertension, Myocarditis	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Schwenck, M. D.

(Address) 1337 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3191 — E 13191

CERTIFICATE OF DEATH

953

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 26-11 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Karwacki — If U. S. Veteran specify WAR .....

(a) Residence: No. 3223 Elliott St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced, BUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct. 14 23

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Walter Karwacki

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Helen Rychwalski

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Walter Karwacki

(Address) 3223 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Smallwood Cem. Date Jan 24 1938

19. UNDERTAKER Stephen Fialkowski Inc

(Address) 1000 S. Kenwood Ave

FILED JAN 23 1938 — Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1937 to Jan 21, 1938

I last saw her alive on January 21, 1938. Death is said to have occurred on the date stated above, at 10:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Cardio-Vascular Disease	?

Other contributory causes of importance: .....

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

43192 43192

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sr. Mary Doretta

If U. S. Veteran specify WAR

(a) Residence: No. 901 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 6, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	11	16	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME John Knipper

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kuhn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr Mary Coster.

(Address) 901 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Notre Dame Date Jan 24, 1938

19. UNDERTAKER Geo M. Dyer & Son

(Address) 811 N Howard St

20. FILED Jan 23 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937, to Jan 22, 1938

I last saw her alive on Jan 22, 1938 Death is said to have occurred on the date stated above, at 6.32 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Diabetic Gangrene	

Other contributory causes of importance:

Bronchopneumonia	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Raymond J. Lipin, M. D.

(Address) Mercy Hospital

43193 HEALTH DEPARTMENT—CITY OF BALTIMORE C 43193

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lugan Levezey.

(a) Residence: No. Belair Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lugan Levezey

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Belair Md

FATHER

13. NAME Joseph Levezey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Everett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Levezey

(Address) Belair Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan 25 1938

19. UNDERTAKER Edgar V Talbert

(Address) Belair Md

20. FILED Jan 31 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Struck by falling tree	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Jan 20, 1938

Where did injury occur? Belair Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry. Chopping down tree. Struck by falling tree

Manner of injury

Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Crane, M. D.

Coroner

(Address) Coroner

43194 HEALTH DEPARTMENT—CITY OF BALTIMORE 43194

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 30 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Davis

(a) Residence: No. 3530 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of Myrtle Marshall
(or) WIFE of

DATE OF BIRTH (month, day, year) July 22, 1893

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	44	5	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doughnut Machine Co.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Henry Davis

14. BIRTHPLACE (city or town) (State or country) Hanover, Germany

15. MAIDEN NAME Mary Mauler

16. BIRTHPLACE (city or town) (State or country) Cumberland, Maryland.

INFORMANT (Address) Records - U.S. Marine Hospital Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 25 1938

UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED ..... 19 ..... Registrar.

Jan 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938, to January 21, 1938

I last saw h... alive on January 21, 1938. Death is said to have occurred on the date stated above, at 10:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism, arterial, pulmonary and cardiac	1-21-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Crimes? What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I M N a dura . M. D.

(Address) U.S. Marine Hospital, Balto. Md.

JTR/cs

43195

HEALTH DEPARTMENT—CITY OF BALTIMORE

43195

CERTIFICATE OF DEATH

J 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Warwick Ave 5-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 31 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth Bowen

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1603 Warwick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ (or) ~~HUSBAND of~~ WIFE of William W. Bowen

DATE OF BIRTH (month, day, year) Mar 14th 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME John W. Denton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eliza Monnett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs George Bowden

(Address) 1603 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co. Md Date Jan 25th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 24 1938 H. E. Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1938 to Jan 22 1938.

I last saw him alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	6 mo.
Cardio vascular disease.	
Cerebral Hemorrhage	
Other contributory causes of importance:	
acute cardiac dilatation	1 hour

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Carl Dorsey, M. D.

(Address) 806 N Fulton Ave

H. D. P. 7268-9

3196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43196

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 Cokesbury Ave St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Entire life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Golda Irene Blake

No Res Record

(a) Residence: No. 654 Cokesbury Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Robert H. Blake.

DATE OF BIRTH (month, day, year) May 24, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Alexander Robinson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Lenora Cook.

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Robert H. Blake, (Husband)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 21st 1938

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

JAN 24 1938 Huntington Williams N.Y.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1935 to Jan 21, 1938

I last saw her alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 10.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Before)	2/18/35
Hypertension	18 months ago.
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Allen Deckert, M. D.

(Address) 1123 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43197

CERTIFICATE OF DEATH

F 43197

Registered No. 47-3

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record.

2. FULL NAME Elizabeth Gordinier

(a) Residence: No. 1735 Linden Ave St., ... Ward. Hanover

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of John B. Gordinier

3b. DATE OF BIRTH (month, day, year) abt 1883

3c. AGE: Years: about 55 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Atlanta Georgia

13. NAME Putnam Simms

14. BIRTHPLACE (city or town) (State or country) Grantville Ga

15. MAIDEN NAME Rose Camp

16. BIRTHPLACE (city or town) (State or country) Morgan Georgia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Jan 25-38

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

JAN 24 1938 Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1937 to Jan 23, 1938

I last saw h.er alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma right lung — Date of onset April 1937

Right Hydrothorax — " —

Circulatory collapse — Terminal

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sanford Sarney, M. D.

(Address) Johns Hopkins Hospital

13198 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13198

CERTIFICATE OF DEATH 30138 (MB)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Dominic Seibert

(a) Residence: No. 942 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

7. DATE OF BIRTH (month, day, year) 12/25/1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Seibert

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Johanna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross a a Co Date Jan 25th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.....

JAN 24 1938 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 20 1938. to January 21, 1938. I last saw him alive on January 21, 1938. Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-19-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

F 43199

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43199

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1712 W. Balto St. 19-25 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John F. Arnold

(a) Residence: No. 1712 W. Balto St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~last WIFE of~~ Anna Hoover Arnold

7. DATE OF BIRTH (month, day, year) Feb 15th 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R.R.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Conrad Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna K. Knoll

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna K. Arnold

(Address) 1712 W. Balto. St.

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 24th 1938

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Jan 24 1938 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938 to Jan 21 1938.

That saw h[illegible] alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 11:2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	6 hrs
Chronic myocarditis & Hypertension	
Senility	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A A Calas M. D.

(Address) 4 N Fulton

Emma F Pruitt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43200

CERTIFICATE OF DEATH

13200

√131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 20 St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0.7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.0.7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER Harry F. Pruitt

(Address) Huntington Williams, N.Y.

Registrar.

20. FILED JAN 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938 to Jan 21, 1938

I last saw h w alive on Jan 20, 1938 Death is said to have occurred on the date stated above, at 5.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Jan 16
Other contributory causes of importance: Hypertension, Myocarditis, Chronic Interstitial Nephritis	2 yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Nonel

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kahn M.D.

(Address) 7027 W Read St

201 3140317 HEALTH DEPARTMENT—CITY OF BALTIMORE 13201

CERTIFICATE OF DEATH

157-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 25-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Earl Smith

(a) Residence: No. 2831 Indiana St., ... Ward. Westport Balto
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec-18-1937

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Earl Smith

14. BIRTHPLACE (city or town) (State or country) W Va

15. MAIDEN NAME Maggie Dembinsky

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudoun Park Date 1/27/38

19. UNDERTAKER Harry K. Witzke

(Address) 4101 Edmondson Ave

20. FILED ... 19... Registrar.

Remington Baltimore, Md

24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 17, 1938 to JAN 21, 1938

I last saw h. liv. alive on JAN 21, 1938. Death is said to have occurred on the date stated above, at 5-05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Disease (Malformation)	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Emily A. Lovibond, M. D.

(Address) Johns Hopkins Hospital

13202 HEALTH DEPARTMENT—CITY OF BALTIMORE 13202

CERTIFICATE OF DEATH

11-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 Edgewood St. 16-8 Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaretha M Clancy

(a) Residence: No. 751 Edgewood St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 28 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm C Clancy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rose Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm C Clancy

(Address) 751 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery 1/24/38

19. UNDERTAKER Eugene A Feeley

(Address) Fulton & Fayette

20. FILED Huntington Williams Nov

1/24/1938

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938 to Jan. 22, 1938.

I last saw her alive on Jan. 22, 1938 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1/19/38

Other contributory causes of importance:

Influenza — 1/15/38

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Eugene L. Cesaroni M. D.

(Address) 514 Drury Lane

3203

HEALTH DEPARTMENT—CITY OF BALTIMORE 43203

CERTIFICATE OF DEATH

51-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Hillen Road St., 9-2 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Beale Boyd

(a) Residence: No. 4101 Hillen Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Georgia Miller Boyd

DATE OF BIRTH (month, day, year) March 17 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carriage Co

10. Date deceased last worked at this occupation (month and year) 1917 | 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Spring Land

13. NAME Wm S Boyd

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Diana Tucker.

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Maurice R Boyd
(Address) 4101 Hillen Road

18. BURIAL, CREMATION, OR REMOVAL Place Fulton Dec 14 1938

19. UNDERTAKER Chas Sauerbrey
(Address) 602 N Eutaw St

20. FILED Dec 14 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to Jan 22, 1938

I last saw him alive on Jan 22, 1938 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

Date of onset Unknown Over 1 yr

Other contributory causes of importance

Was an operation performed? Yes Date of Dec 7th

For what disease or injury? Carcinoma of Bladder

Name of operation Dr Connell

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Chas. B. Goodbrod M. D.

(Address) 7173 St Paul Street

F 43204

F. D. B. 1268-9

3204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 E Pratt St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clare Virginia Burke

(a) Residence: No. 600 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Burke

DATE OF BIRTH (month, day, year) May-7-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bristol Tennessee

13. NAME Thomas Willard Stearns

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John M. Burke

(Address) 600 E Pratt

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Jan 25" 1938

19. UNDERTAKER Chas Ahearne & Son

(Address) 1003 E Baltimore St

20. Jan 25 1938 Filed Jan 26 1938 Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 20, 1938, to Jan - 22, 1938

I last saw h alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan-19

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Frankel, M. D.

(Address) 122 N Lee

205 332823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43205

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 28-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas L Whalen (Leonard) If U. S. Veteran specify WAR

(a) Residence: No. 4105 Westchester Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Emma

6. DATE OF BIRTH (month, day, year) 10-18-86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Auto Tires

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Pa

13. NAME Thomas Whalen

14. BIRTHPLACE (city or town) (State or country) — Pa

15. MAIDEN NAME Elizabeth O'Brian

16. BIRTHPLACE (city or town) (State or country) — Pa

17. INFORMANT — Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 24, 1938

19. UNDERTAKER — Wm. J. Tickner & Son
(Address) North & Pulaski

20. FILED Jan 24 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from October - 31, 1937 to Jan 20, 1938

I last saw h. alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
Metastasis to lungs and pelvic bones	?
	over

Other contributory causes of importance:

Uraemia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Carl E. Burklands M. D.

(Address) Johns Hopkins Hospital

F 13206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 8-3 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Walter Fletcher
If U.S. Veteran specify WAR ____
(a) Residence: No. 2728 E Chase St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace P. Fletcher
DATE OF BIRTH (month, day, year) Nov 6 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 15 yrs
BIRTHPLACE (city or town) (State or country) Kent County Md
13. NAME James Fletcher
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Susan Clark
16. BIRTHPLACE (city or town) (State or country) Kent Co. Md
INFORMANT (Address) Grace P. Fletcher 2728 E. Chase St
BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 1/26 38
UNDERTAKER Dunnigan & Conaughty
(Address) 21 W. 25th St
FILED JAN 24 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Jan 23, 1938.
I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan 20.
Coronary Thrombosis	Jan 23

Other contributory causes of importance:
benign prostatic hypertrophy
Diabetes Mellitus

Was an operation performed? Yes Date of Jan 7, 1935
For what disease or injury? benign prostatic hypertrophy
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Abraham Abbott Shapiro M. D.
(Address) Sinai Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

13207 13207

CERTIFICATE OF DEATH

V, 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard L. Nash

If U. S. Veteran specify WAR

(a) Residence: No. 1130 Hanlicke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) July 22, 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Lester H Nash

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Katherine Cof

16. BIRTHPLACE (city or town) Hagerstown Md
(State or country)

INFORMANT Lester H. Nash
(Address) 1130 Hanlicke St

BURIAL, CREMATION, OR REMOVAL
Place Cedarhurst Date 1/24 1938

UNDERTAKER Leonard L. Cannon
(Address) 216 W. 25th St

FILED 1938 Registrar.

24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1938, to Jan. 22, 1938

I last saw him alive on Jan. 22, 1938. Death is said to have occurred on the date stated above, at 5:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria Bronchitis	Jan. 19, 1938

Other contributory causes of importance:

Was an operation performed? Date of Jan 22

For what disease or injury? Diphtheria, Laryngeal

Name of operation Tracheotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. T. Russell Jr. M. D.

(Address) University Hosp.

13208

HEALTH DEPARTMENT—CITY OF BALTIMORE

13208

CERTIFICATE OF DEATH

27015--RHW

1. PLACE OF DEATH

Registered No. 13-3131

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucy Winston

If U. S. Veteran specify WAR

(a) Residence: No. 2500 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis

7. DATE OF BIRTH (month, day, year) 3/15/1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	67	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Banks

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lucy Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Mem. Pk. Date Jan 20-38
Adolphus Halstead

19. UNDERTAKER
(Address) Huntington Williams, M.D.

20. FILED 1938
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1937, to 1-20, 1938

I last saw her alive on 1-20 1938 Death is said to have occurred on the date stated above, at 5:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis with uremia (chronic)	1-10-38
Cardiac decompensation	1-13-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

13209 F 13209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Wilmer Ct St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Burley

If U. S. Veteran specify WAR

(a) Residence: No. 917 Wilmer Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) 8/22/1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Staunton Va

13. NAME Alexandra Bragg

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clifton Burley

(Address) 917 Wilmer St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/25 1938

19. UNDERTAKER John A Parkinson

(Address) 916 Pennsylvania Ave

20. FILED JAN 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1938 to Jan 22 1938

I last saw her alive on Jan 22 1938 Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	Nov 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Watts, M. D.

(Address) 5154 Liberty Ave

43210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43210

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 1/2 W. Lombard St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Kelley

(a) Residence: No. 806 1/2 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 3, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Miss Carrie Schriver

(Address) 806 1/2 W. Lombard St.,

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan. 24, 1938

UNDERTAKER G. Howard Strong

(Address) 715 Light St.

JAN 24 1938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1938 to Jan 21 1938

I last saw him alive on Jan 18 12 1938 Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

a. Senile Myocarditis — Date of onset 1937

Other contributory causes (importance):

adeno sclerosis — 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Hawkins M. D.

(Address) 16 Randall St.

13211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13211

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH West Baltimore General Registered No.

CITY OF BALTIMORE: (No. 15 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Ward

(a) Residence: No. 212 N Monroe St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10 – 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Rachel Ward

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rachel Ward

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Carlie Shaw

(Address) 212 N Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1-24 19 38

19. UNDERTAKER Durant & Sons

(Address) 524 Eutaw Road

FILED 19 Registrar

TU38 Huntington Hillcrest, N.Y.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left Hip	10/25/37
Other contributory causes of importance: Terminal Pneumonia	1/10/38

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 10/25/37

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Hurley, M. D. Coroner

(Address)

43212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43212

1. PLACE OF DEATH St. Joseph Hosp. Registered No. 210-F

CITY OF BALTIMORE: (No. 26-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond Coates Jr.

(a) Residence: No. 4313 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Grace Coates

6. DATE OF BIRTH (month, day, year): 1-21-1899

7. AGE — Years: 39 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME of father: Raymond Coates

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME of mother: Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Raymond Coates Jr.

(Address) 4313 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 24 1938

19. UNDERTAKER Martin A. E. Pfeffel

(Address) 37 Lanvale St

FILED JAN 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset 12-22-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 12-22-37, 19

Where did injury occur? (Specify city or town, county, and State) 100 Maylers Belair Road

Specify whether injury occurred in industry, home, or in public place Street

Manner of injury Struck by Auto while Crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hunter Williams, M. D. Coroner

(Address) 912 N. Charles St.

3213

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4.3213

CERTIFICATE OF DEATH ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 E Pratt St 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Seidler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1716 E Pratt St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret E Seidler

DATE OF BIRTH (month, day, year) April 25 - 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Seidler

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Blume

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret E. Seidler

(Address) 1716 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date Jan 25 1938

19. UNDERTAKER Martin F.P. Office

(Address) 818 Ann St

20. FILED Jan 24 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 21 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1937 to Jan 21 1938

I last saw him alive on 1-20 1938 Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
Other contributory causes of importance: Laryngitis & Cellulitis	1 wk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Sputum Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Edward J Lavor M. D.

(Address) 2330 E Baltimore St

oldsmith, MED ART BLDG.,

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43214 CERTIFICATE OF DEATH ✓97 F 43214

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 D. Charles St. 22-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Kuedberg

(a) Residence: No. 805 D. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0127

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cemetery Date 1-24 1938

19. UNDERTAKER Jack Lewis Inc (Address) 1420 E. Baltimore St.

20. FILED JAN 24 1938 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24- 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1938 to Jan 23 1938

I last saw h alive on 23rd Death is said to have occurred on the date stated above, at 615 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	!
Other contributory causes (secondary): Arteriosclerotic Brain Disease	3 Yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Was there an autopsy? No

What test confirmed diagnosis? clinical findings

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Greenwald M.D.

(Address) Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43215

CERTIFICATE OF DEATH

✓ 94-B F 43215

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4108 Ralbis ave St., 25-10 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenor Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 4108 Ralbis ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Reba Mae Jacobs

DATE OF BIRTH (month, day, year) 9-10-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	10 15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or twp.) (State or country) Maryland

13. NAME Thomas Isaac

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Reba Jacobs

(Address) 4108 Ralbis ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 1-24-38

19. UNDERTAKER Pace Funeral Home

(Address) 1432 E. Baltimore St

20. FILED JAN 24 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23/1938

22. I HEREBY CERTIFY, That I attended deceased from 1/1/1936 to 1/23/1938

I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. Jacobs M. D.

(Address) 2128 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29943

F 43216

CERTIFICATE OF DEATH

95-P

F 43216

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S. 5-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

F.

2. FULL NAME Mary Cromwell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1416 McElderry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham

7. DATE OF BIRTH (month, day, year) 6/26/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME George ?

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 24, 1938

19. UNDERTAKER Robert E. Kirkpatrick

(Address) 1515 N. Eutaw St

20. FILED JAN 24 1938, 19..... Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to January 19, 1938

I last saw her alive on January 19, 1938. Death is said to have occurred on the date stated above, at 8 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Oct. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43217

CERTIFICATE OF DEATH 30163--CM

F 43217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-1 Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Buster

If U. S. Veteran specify WAR

(a) Residence: No. 1513 E. Lombard St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced
WIFE of James

DATE OF BIRTH (month, day, year) 6-23-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Andrew Haynes

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 25 1938

UNDERTAKER Robert E Williams
(Address) 1515 McCulloh St

JAN 24 1938 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22 1938

22. I HEREBY CERTIFY, That I attended deceased from January 21 1938 to January 22 1938.

I last saw her alive on January 22, 1938. Death is said to have occurred on the date stated above, at 4.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-15-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. G. DeSantelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

3218 F 13218

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Argyle St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Ellis

If U.S. Veteran specify WAR

(a) Residence: No. 1214 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	col.	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Ellis

7. DATE OF BIRTH (month, day, year) 5/2/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Robert Ellis

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Anna Ellis (Address) 1214 argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Arbutus Date 1/25/38

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Brentwood Ave

Huntington Philadelphia

24 [illegible] Registrar

E K B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 37 to Jan 27, 1938

I last saw him alive on Jan 27, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy 1 yr. 1/37

Date of onset

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) B. J. Fletcher, M. D.

(Address) 1 [illegible] Park Ave

13219 HEALTH DEPARTMENT—CITY OF BALTIMORE 13219

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 819 Bruce St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillian Riggs

(a) Residence: No. 819 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Livinia

6. DATE OF BIRTH (month, day, year) 1884

7. AGE: Years 54 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Livinia Riggs
(Address) 819 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/29 1938

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

24 1938 19 Huntington Williams, Mgr.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above, ... man, colored

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. Gruny, M. D. Coroner

(Address) 215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

43220

CERTIFICATE OF DEATH

X 108 F 43220

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. Hospital St. 24 Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Louise Gover

(a) Residence: No. Texas, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of July 15, 1933

DATE OF BIRTH (month, day, year) July 15, 1937

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

13. NAME John Homes Gover

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

15. MAIDEN NAME Della Marie Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Co., Md

17. INFORMANT John H. Gover
(Address) Texas, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Josephs Cathedral Date Jan. 26 19 38

19. UNDERTAKER Wm. C. Bibbins & Son
(Address) Sparks, Md.

20. FILED Huntington Williams, M.D.
JAN 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938 to Jan 23, 1938

I last saw her alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 1938
Other contributory causes of importance: Malnutrition	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis J. Kroll M. D.
(Address) South Balto Gen. Hosp

43221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 43221

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 4-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Galminiene or Galminiene

If U. S. Veteran specify WAR

(a) Residence: No. 110 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Galminas

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Rev. Louis J. Mendelis
(Address) 74 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 26, 1938

19. UNDERTAKER John A. Greblunas Jr.
(Address) 1423 S. Paca Street

JAN 24 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 1-21-38, to 1-23-38

I last saw her alive on Jan. 21, 1938. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Accident	1-23-38
Pulmonary edema	1-22-38
Coma	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No
... If so, specify ...

(Signed) Dr. Leo A. Friedman, M. D.

(Address) Mercy Hospital

3962 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43222

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-S X 95-B St., Ward)

Registered No. F 43222

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Hill

If U. S. Veteran specify WAR

(a) Residence: No. Route 3 Elkridge Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilkins

DATE OF BIRTH (month, day, year) July 14-1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S - Car -

13. NAME George Melby

14. BIRTHPLACE (city or town) (State or country) S - Car -

15. MAIDEN NAME Young

16. BIRTHPLACE (city or town) (State or country) S - Car -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem. Date Jan 28. 1938

19. UNDERTAKER P. H. Elliott - daughter
(Address) 1159 Edmondson Ave

20. FILED 1938 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 26, 1938

I last saw her alive on Jan 25, 1938 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Hypertensive heart disease	Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Saturen Howard Taylor M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13223 ✓ 46-E F 13223

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 927 McDonough St., 7-4 (Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rosie Parker Morris — If U. S. Veteran specify WAR

(a) Residence: No. 927 McDonough St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of None Morris

DATE OF BIRTH (month, day, year) Sept 7, 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Frank Nelson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Beckett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Morris (Address) 927 McDonough St

18. BURIAL, CREMATION, OR REMOVAL Pt. McAuliffe Date Jan 25 1938

19. UNDERTAKER Mrs. Robert L. Elliott-daughter (Address) 1129 Caroline St

20. FILED JAN 24 1938 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Jan 22 1938

I last saw h.. alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

Tumor Liver (Malignancy) — Date of onset 1 yr.

Other contributory causes of importance:

Mitral insufficiency
Parenchymatous Nephritis.
Secondary Anemia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. F. Young M. D.

(Address) 1424 E Monument St

13224

HEALTH DEPARTMENT—CITY OF BALTIMORE

13224

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 119 N. Hilton St., 20-b Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret E. Russum

If U. S. Veteran specify WAR

(a) Residence: No. 119 N. Hilton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Russum

DATE OF BIRTH (month, day, year) May 27, 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James W. Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Emma Ann Weber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs Emma Breitenbach
(Address) 768 Edgewood St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 24th 1938

UNDERTAKER Frederick A. Cole
(Address) 1200 W Lombard St

Jan 24 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 . 1937 to Jan 20 . 1938

I last saw h[illegible] alive on Jan 20 . 1938 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 days
Other contributory causes of importance:	
Influenza	2 days

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Wheeler M. D.

(Address) 141 Mulberry St.

CHANNA

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43225 — CERTIFICATE OF DEATH — 94-B F 43225

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E. Lombard St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth 36 yrs. mos. ds.

2. FULL NAME Channa Abelf

If U. S. Veteran specify WAR

(a) Residence: No. 1720 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Harry Rudnitzky

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Yetta Mary

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julius Abelf
(Address) 1720 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Roselawn Date 1-24-38

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Balto St

FILED JAN 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-38

22. I HEREBY CERTIFY, That I attended deceased from November 1 1937 to January 23 1938.

I last saw her alive on January 23 1938. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	8/1/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ashman M. D.

(Address) 1201 Eglen Ave Ft.

13226 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13226

CERTIFICATE OF DEATH

159 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's St., or Hospital)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Bobby Earl Shealey

If U. S. Veteran specify WAR

(a) Residence: No. 922 N Lakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			13

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Legroy

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Christine Rosalie Kolusch

16. BIRTHPLACE (city or town) (State or country) Portland Maine

17. INFORMANT Husband

(Address) 922 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Jan 28 1938

19. UNDERTAKER Tilly & Heiler

(Address) 1408 E Baltimore

20. FILED 1938 Registrar Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-38. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on 1-23. 19 38 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-23-38
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gilbert E. Redman, M. D.

(Address) St Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

43227

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1200 Ward) 137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. Harry Mc Gahan

If U. S. Veteran specify WAR None

(a) Residence: No. Greenway Apts St., ... Ward. Brady 5

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen M. McGahan

DATE OF BIRTH (month, day, year) Feb 20 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Glassware

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Varnish (Self)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40-45

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Geo Mc Gahan

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anne Leyman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 25/38

19. UNDERTAKER Stewart & Mosden Co

(Address) 102 W. Preston Street

20. FILED ..... 19..... Registrar.

24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938 to Jan 23rd, 1938

I last saw h[illegible] alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

Benign Prostatic Hypertrophy c cystitis and retention; Prostatic Abscess & Staphylococcus septicemia — Date of onset 1-15-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Donald C. McCollum, M. D.

(Address) Johns Hopkins Hospital

3228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13228

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Clifton Av St. 15-7 Ward)

Length of residence in city or town where death occurred 86 yrs. — mos. — ds. How long in U. S. If of foreign birth 86 yrs. — mon. — ds.

If U. S. Veteran specify WAR

2. FULL NAME James Albert Paige

(a) Residence: No. 3204 Clifton Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edna M. Paige

DATE OF BIRTH (month, day, year): About 1852

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 86	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Indiana Co Pa.

13. NAME

14. BIRTHPLACE (city or town) (State or country): Indiana Co Pa.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Indiana Co. Pa.

17. INFORMANT: Mr. Edmund P. Paige (son)
(Address) 111-Bidwell Parkway-Buffalo N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 24 1938

19. UNDERTAKER: Stewart Mortuary
(Address) 108 W Monument

20. FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan-19 1938 to Jan-22 1938

I last saw him alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Day
Chronic Myocarditis - 1 Yr.	
Senile Debility	1 Day

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Paul Cole M. D.

(Address) 720 E Fayette St

F 43229

43229 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., [illegible] Ward) 2

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James H. Styles

(a) Residence: No. 1403 Marshall St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella. Styles

DATE OF BIRTH (month, day, year) June 24 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coals

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward J. Styles

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Frances Sibert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Frances Styles. (Mother)
(Address) 1403 Marshall St

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill. Date 1-25th 38

UNDERTAKER Bernard E Harley
(Address) 121 E West St

FILED Huntington Williams, Nov
24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-26-37, 19.., to 1/22, 1938

I last saw him alive on 1/22, 1938 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene appendix	9/26/37
Pylephlebitis	9/30/37
Multiple hepatic pyemic cavities	

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/26/37

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank V. Warner, M. D.

(Address) South Balto. Gen Hosp

C. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13230 F 13230

CERTIFICATE OF DEATH

161-P

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N Janney St. 26-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Crumbacher

(a) Residence: No. 106 N Janney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 22, 1938

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2 hrs. or 12 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry Crumbacher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME ~~Dorothy~~ Dorothy Berger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry Crumbacher
(Address) 106 N Janney St

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Cemetery Date 1/24/38

19. UNDERTAKER Chas B Grubb & Son
(Address) 115 W Lanvale Ave

JAN 24 1938

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938 to Jan 22, 19—

I last saw him alive on Jan 22, 1938 Death is said to have occurred on the date stated above, at 6 50 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary hemorrhage — Date of onset at birth

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Earl L Gessner M. D.

(Address) 1212 N Patterson Park Ave

13231 HEALTH DEPARTMENT—CITY OF BALTIMORE 13231

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2221 Windsor Avenue. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chalmus Eugene Beaty

If U.S. Veteran specify WAR ... World

(a) Residence: No. 2221 Windsor Avenue. (Ward)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy Beaty

DATE OF BIRTH (month, day, year) January 11 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Gastonia N. C.

13. NAME Chalmus Eugene Beaty

14. BIRTHPLACE (city or town) (State or country) Gastonia N. C.

15. MAIDEN NAME Lucy Beaty

16. BIRTHPLACE (city or town) (State or country) Gastonia N. C.

INFORMANT Mrs. Lucy Beaty

(Address) 2221 Windsor Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 24 '38

UNDERTAKER W. M. Tickner & Sons

(Address) Baltimore, Md.

JAN 24 1938 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 23, 1938.

I HEREBY CERTIFY, That I attended deceased from January 11 1938 to January 23 1938

I last saw him alive on January 23 1938 Death is said to have occurred on the date stated above, at 9.20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrinous Pneumonia	1.11.38
Other contributory causes of importance:	
Acute Pulmonary Edema	1.22.38
Acute Cardiac Dilatation	1.23.38

Was an operation performed? no Date of ...

For what disease or injury?

What test confirmed diagnosis? Physical & Laboratory Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No? If not specify

(Signed) V. Edward Norris M. D.

(Address) 107 East West St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3232 — 3232

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Linwood Ave St., 7-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa Bengel

(a) Residence: No. 613 N Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Feb. 1 1863

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edw Bengel

(Address) 613 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 26 1938

19. UNDERTAKER Thos E. Miller Inc

(Address) 2435 Huntington Ave, Balto

20. FILED ... Registrar.

JAN 24 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Jan 22, 1938

I last saw her alive on Jan 22 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of disease or symptoms leading to death were:

Cerebral Hemorrhage — Date of onset 1-20-38

Other contributory causes of importance: Cancer of Liver — 9/4/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. Ray Lee M.D.

(Address) 1211 Eutaw Place

M. D. B. 1268-9

✓ F 43233

HEALTH DEPARTMENT—CITY OF BALTIMORE

233

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH House of the Good Shepherd

CITY OF BALTIMORE: (No. Mount & Hollins St. 19-4 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Turner

(a) Residence: No. H. G. S. Mount & Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 3, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	63	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

13. NAME William Turner

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ann McCormick

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sisters of the Good Shepherd

(Address) Mount & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Pleasant Cem. Date 1/25 1938

19. UNDERTAKER John Tabor Jones

(Address) 1200 Linden Ave.

20. FILED 1938 (Signed) Wilhelmina M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to Jan 23 1938.

I last saw her alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	about 2 yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo A Strauss M. D.

(Address) 1800 N Charles St

1938

3234

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43234

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-W Ward)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 23 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry S. MacCubbin (Maccubbin)

(a) Residence: No. 2227 N. Calvert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of

DATE OF BIRTH (month, day, year) Dec. 23, 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77 yrs.	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Asst. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. Railroad

10. Date deceased last worked at this occupation (month and year) Don't know

11. Total time (years) spent in this occupation Don't know

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Chas. T. MacCubbin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Fink

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs. Florence M. McCubbin

(Address) 2227 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 1/25 1938

UNDERTAKER Henry H. Myers & Son

(Address) 2025 N. Calvert St.

FILED ..... 19... Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938, to Jan. 23, 1938.

I last saw him alive on Jan 23 1938. Death is said to have occurred on the date stated above, at 7:27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis, perforated	Jan 17 1938
Acute Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 19th 1938

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis Surgeon Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Franklin H. Hanley M. D.

(Address) Union Memorial Hospital

E 13235

3235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 27-15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Sister Mary Madeleine Leavy (Living) If U. S. Veteran specify WAR

(a) Residence: No. Mt. St. Agnes St. Washington Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 12, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y. C.

13. NAME George Leavy

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Caroline Albaught

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Agnes Cremate Date 1/25 1938

UNDERTAKER Henry J. Means and Son
(Address) 800 N. Calvert St.

FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/38

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1937, to 1/21, 1938

I last saw her alive on 1/21, 1938 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowel	

Other contributory causes of importance:
Respiratory failure

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Leavy, M. D.
(Address) Mercy Hosp., Balto.

F 43236

43236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Highland Ave S. Ward 11)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary R. Ritz

(a) Residence: No. 408 Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John M. Ritz

DATE OF BIRTH (month, day, year) July 1st 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) c

11. Total time (years) spent in this occupation c

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER James Riney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Mary Leary

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs Ellen Leary

(Address) 408 Highland

BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Jan. 25, 1938

UNDERTAKER Elmer W Conkling Son

(Address) 924 E. Eager St.

JAN 24 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. ..... 1935 to Jan 22 1938

I last saw her alive on Jan 22 1938 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1935
Myocarditis	1935
Pulmonary Edema	Jan 22 1938

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adolf Kleeman M.

(Address) 350 E Fayette St

4805a

F 13237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 7-3 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lipscomb — If U. S. Veteran specify WAR

(a) Residence: No. 132 Lanford Ave, Catonsville Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 8/22/20

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	5	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Irvin Lipscomb

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Estelle Williams

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date Jan 27 1938

19. UNDERTAKER Easton Son & Feldstein
(Address) City

20. FILED JAN 24 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18th 1938 to Jan 22nd 1938

I last saw him alive on Jan 22nd 1938 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-acute bacterial endocarditis	NOV. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas A Benson M. D.

(Address) Johns Hopkins Hospital

13238

HEALTH DEPARTMENT—CITY OF BALTIMORE

13238

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

If outside City limits, length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Laumann

(a) Residence: No. Ellicott City St., ... Ward. Ellicott City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of WILLIAM LAUMANN

6. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year) JAN 15 | 11. Total time (years) spent in this occupation 35 Yrs

12. BIRTHPLACE (city or town) (State or country) OELLA MD

13. NAME ELIZHA SMITH

14. BIRTHPLACE (city or town) (State or country) MARYLAND

15. MAIDEN NAME SARAH CAREY

16. BIRTHPLACE (city or town) (State or country) MARYLAND

INFORMANT (Address) HUSBAND ELLICOTT CITY

BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem Date JAN 25 19 38

UNDERTAKER (Address) Easton Sons Ellicott City

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 17, 1938 to JAN 22 1938

I last saw her alive on JAN 22 1938 Death is said to have occurred on the date stated above, at 9:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~RESPIRATORY FAILURE~~	~~1-22-38~~
~~LOBAR PNEUMONIA RIGHT~~	~~1-15-38~~
BASE BRONCHOPNEUMONIA	1-15-38
~~PLEURISY WITH EFFUSION~~	~~1938~~

Other contributory causes of importance:

NONE

Was an operation performed? NO Date of .....

For what disease or injury? NONE

Name of operation .....

What test confirmed diagnosis? ~~CLIN~~ Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Irving Freeman M. D.

(Address) University Hospital.

24 1938 Huntington Williams, Nyc

✓ F 43239

43239 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Montgomery Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Cook

(a) Residence: No. 500 N Montgomery Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmale | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Isaac Cook

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: 1070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Alonzo Foster

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Coar

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Cook

(Address): 839 S Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 1/24/38 19

19. UNDERTAKER: Isaiah L Brown & Son

(Address): 101 W Montgomery St

Huntington Williams, Mgr.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20 19 38

22. I HEREBY CERTIFY That I attended deceased from Jan 16 38 to Jan 20 38

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Toxemia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation: Phyucalosign Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. G Tompkins M. D.

(Address) 501 N Handsyke

D. B. 5268-9

✓ F 43240

3240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 W. Lanvale St. 20-2 Ward) Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Minnie E. Butler

(a) Residence: No. 2131 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Butler

DATE OF BIRTH (month, day, year) Nov. 5 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

13. NAME L. Henry Jackson

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Elouise L. Culp

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mr. John H. Butler

(Address) 2131 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jany. 24, 38

UNDERTAKER George L. Ushmat

(Address) 2101 Frederick Ave.

24 1938 Huntington Milleus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932 to Jan 22, 1938

I last saw her alive on Jan 21, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Diabetis	1930
Arteriosclerosis	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward N. Mortimer Jr. M. D.

(Address) 2801 St Paul St

V F 43241

3241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 W Whatcoat St., 16 Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Helms

(a) Residence: No. 1151 W Whatcoat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year): Jan 22 1938

AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Geo Helms

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Carrie Scaggs

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Geo Helms

(Address): 1115 W Whatcoat

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL Date: JAN 24 1938, 19

Undertaking Establishment

19. UNDERTAKER: Fred H. Moore

(Address): ... Registrar

4236

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset: ...

Cause 1 mo

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Not ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, ...

(Signed) Edgar Wells M. D.

(Address) 86 Eastern Ave

13242 ✓ E 13242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH NE corner — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Paul & 23rd St. St. 12-2 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Alice Delaplane Beck

(a) Residence: No. 3121 Guilford Ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Endicott Beck

DATE OF BIRTH (month, day, year) Jan. 9, 1865

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edwin L. Delaplane

14. BIRTHPLACE (city or town) (State or country) Taneytown Md.

15. MAIDEN NAME Catherine Hiteschew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Jas. J. Allnutt

(Address) Wyman Park Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Jan. 24, 1938

19. UNDERTAKER Wm. H. Buchner & Sons

(Address) North & Pa. Aves

Filed ____ 19____ ____ Registrar.

24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 . 1937 to Jan 22 . 1938

I last saw her alive on Jan 22 . 1938 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas & metastasis to the liver & lungs.	Aug 15 '37

Other contributory causes of importance:

Was an operation performed? no Date of no

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ____ 19____

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Nathaniel M. Beck M. D.

(Address) 2727 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43243

CERTIFICATE OF DEATH

*108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME O'Donnell, Agnes

If U. S. Veteran specify WAR

(a) Residence: No. Ruxton, Md St., Ward. Mlg 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Louis O'Donnell

DATE OF BIRTH (month, day, year) March 4th 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ester Hill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 25 1938

19. UNDERTAKER Mary Menkin & Co Inc

(Address) Edmondson Ave-Catonsville Md

Filed 1938 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22nd 1938 to Jan 23rd 1938

I last saw him alive on Jan 22nd 1938 Death is said to have occurred on the date stated above, at 6.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Type I	1-21-38
Circulatory collapse	1-23-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sarah H Bowditch M. D.

(Address) Johns Hopkins Hospital

43244

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29945

23 F 43244

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Ella Eades

(a) Residence: No. 901 N. Parrish St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

DATE OF BIRTH (month, day, year) 4.2.1888.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49Yrs	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Phoebe ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 24, 1938

19. UNDERTAKER Mrs Katie R Williams

(Address) 22 S Schroeder St. Williamsport Md.

JAN 24 1938 , 19..... (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1938 to January 21, 1938

I last saw her alive on January 21, 1938 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance: Pulmonary tuberculosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. A. de Sanctis M. D.

(Address) Baltimore City Hospitals.

F 43245

3245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29862 1S

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 51 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Vames

(a) Residence: No. 1725 E. 29th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 3-17-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Ann Evans

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 26 1938

19. UNDERTAKER William Sutton

(Address) 1217 Cathedral St

20. FILED Jan 27 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1938 to January 23, 1938

I last saw h. alive on January 23, 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-18-38
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

1938

6 14

F 13246

246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 East North Ave St., 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME G. Franck Dorn

(a) Residence: No. 1313 East North Ave St., ... Ward. .....
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ada Dorn

DATE OF BIRTH (month, day, year) Nov 25-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Box

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Phillips Dorn

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Nettie franck

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Ada A. Dorn
(Address) 1313 East North Ave

BURIAL, CREMATION, OR REMOVAL
Loudon Park Jan 26th 38

UNDERTAKER O'Sullivan Bros
(Address) 1217 St Paul St

Huntington Williams, N.P. Registrar.

FILED
4 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1937 to JAN. 22 1938

I last saw him alive on JAN. 22 1938. Death is said to have occurred on the date stated above, at 10 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BENIGN PROSTATIC HYPERTROPHY	1936
ALKALINE ENCRUSTED CYSTITIS	1936

Other contributory causes of importance:

MYOCARDIAL FAILURE	DEC 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances H. Gillis, M. D.

(Address) 20 E. Preston St.

3247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 3247

CERTIFICATE OF DEATH

X 117-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs David Hart Barr (Barbara) If U. S. Veteran specify WAR .....

(a) Residence: No. Chickamauga, Georgia St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David Hart Barr

DATE OF BIRTH (month, day, year) Feb. 15, 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Mr Martin Shallidey

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mrs Margaret Morrison

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs C. H. Doughty
(Address) 357 Main St, Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL Chickamauga Ga 1/25 38

19. UNDERTAKER Milburn & Co
(Address) 1217 of Conn Ave

20. FILED ..... 19 .....
1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938 to Jan 24 1938

Last saw her alive on Jan 24 1938. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer + pylorospasm	Spring 1937
Acute cardiac dilatation & pulmonary edema	Jan. 23, 1938

Other contributory causes of importance:

Was an operation performed? yes Date of Jan 22, 1938

For what disease or injury? Duodenal ulcer

Name of operation Tabouley sub-pyloric gastro-duodenostomy

What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Grant M. Weaver M. D.

(Address) Union Memorial Hospital

(Lenzberg) ✓ # 13248

3248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Lenzberg

If U.S Veteran specify WAR .....

(a) Residence: No. 2428 Walbrook Ave. St., Balto Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

DATE OF BIRTH (month, day, year) Sept 19 - 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stitcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Lenzberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Stern

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Ella Jerome (Sister)
(Address) 2428 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL
Place Lawson Park Date Jan 26 1938

UNDERTAKER Morris C. Syfer
(Address) 1600 W North Ave

Filed JAN 27 1938 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/20/- 1938 to 1/24 1938

I last saw her alive on 1/24 1938 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease c mitral stenosis regurg 40 yrs;	
Subacute bacterial endocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irwin Sauber M. D.
(Address) Sinai Hospital

E 13249

HEALTH DEPARTMENT—CITY OF BALTIMORE

13249

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Frederick O'Malley

If U. S. Veteran specify WAR

(a) Residence: No. 147 N Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Mary Howard O'Malley

DATE OF BIRTH (month, day, year) Mch. 3rd, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James O'Malley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Malone

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cemetery Date 1/25/38

19. UNDERTAKER C. L. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED Huntington Billings Registrar.

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-38

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1938, to 1-23, 1938.

I last saw him alive on 1-23, 1938. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Embolism ?)	
Hypertrophy & arteriosclerosis	
Chronic Nephritis	
Old age	

Other contributory causes of importance:

Pulmonary congestion

Was an operation performed? no Date of

For what disease or injury?

Name of operation none.

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. J. Abbott M. D.

(Address) Mercy Hospital Balto Md

Howard W. Ramsay F 43250

250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15-13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

UNDERTAKER Larry A. Little
(Address)

FILED Huntington Williams, Nov. 14 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1937 to 1-22 1938

I last saw h. alive on 1-22 1938 Death is said to have occurred on the date stated above, at 12.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	1-20-38
ARTERIOSCLEROSIS	
HYPERTENSION	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John A. Ramsay M. D.

(Address) 129 St. Paul St.

1938

Mary A. Freeman

3251

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13251

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-6 St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

UNDERTAKER
(Address)

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 ... 19 38

22. I HEREBY CERTIFY, That I attended deceased from 1/11/38 to 1/22/38

I last saw her alive on 1/22/38 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Bronchitis	1/11/38.
Chronic Myocarditis	4/1/31.
Senility	
Other contributory causes of importance:	
Cardiac insufficiency	1/24/38.

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Neal Bowden M. D.

(Address) 1517 E North Ave

F 43252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No.

1. PLACE OF DEATH 4907 Crowson Ave 27-11
CITY OF BALTIMORE: (No. Baltimore Md St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Agnes McCall
(a) Residence: No. 4907 Crowson ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
(or) WIFE of James Joseph McCall

DATE OF BIRTH (month, day, year) Jan 2 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 007
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmittsburg Md

13. NAME Not known
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT Mrs James J McCall
(Address) 4907 Crowson Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Date Jan 25, 19 38
19. UNDERTAKER
(Address) Huntington Pittsburgh, Pa
19 38 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936, to Jan 21, 1938
I last saw h[illegible] alive on January 21, 1938 Death is said to have occurred on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
Cerebral Hemmorrhage

Date of onset

Other contributory causes of importance:
Arteriosclerosis
Chronic Myocarditis

Name of operation Date of
What test confirmed diagnosis? Clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eldred Roberts M. D.
(Address) 6010 York Road

13253 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13253

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Ellwood Ave 1 - 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine T. Gunther

If U. S. Veteran specify WAR

(a) Residence: No. 32 S. Ellwood Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00 3

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Nicholas Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Halm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Gunther
(Address) 32 S Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 25, 38

19. UNDERTAKER John A. McNan
(Address) 3000 E. Balt St.

20. FILED Jan 25 1938 Registrar.

998

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 38, to Jan 21, 38

I last saw h alive on Jan 21, 38. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Kent Dudley, M. D.

(Address) 2956 E Balt

HEALTH DEPARTMENT—CITY OF BALTIMORE

43254

CERTIFICATE OF DEATH

93-e

43254

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Devonshire Drive 27 Ward 28

Length of residence in city or town where death occurred 74 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Elizebeth F. Feustle

(a) Residence: No. 3511 Devonshire Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard A. Feustle

DATE OF BIRTH (month, day, year) Sept. 17 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Flack

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME Meister

16. BIRTHPLACE (city or town) (State or country) Bavaria

INFORMANT Joseph A. Feustle
(Address) 3511 Devonshire Drive

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 25 1938

UNDERTAKER Vernon Lennon
(Address) 3611 Park Heights Ave.

FILED ... 19 ... Registrar

JAN 24 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to 1/22/38 19 ... I last saw ... alive on Jan 21 1938. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy 3 hrs

Other contributory causes of importance

Arteriosclerosis 10 yrs

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If ... (Signed) H. C. Hauch M. D.

(Address) 1931 Eutaw Place

13255 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13255

51-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3143 Frederick Ave. St., 20-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Hooper,

(a) Residence: No. 3143 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Winifred Kirkham Hooper

DATE OF BIRTH (month, day, year) April 3, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation life

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Hooper

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Hellen C. Long
(Address) 3143 Frederick Ave.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery, 1/26 19 38

UNDERTAKER Vernon Lemmon
(Address) 2611 Park Heights Ave.

FILED JAN 24 1938 Lexington Williams Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1937, to Jan 23, 1938.

I last saw him alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1935
	over

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Edward S. Mallonee M. D.

(Address) 2116 W. Pratt St

3256 HEALTH DEPARTMENT—CITY OF BALTIMORE 3256

CERTIFICATE OF DEATH 27837--MHW

Registered No. 14-3 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Verrie Trusty

(a) Residence: No. 1820 McCulloch St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jerome

DATE OF BIRTH (month, day, year) 9/9/1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Ella Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
(Place) Woodlawn Cem 1/24 1938

19. UNDERTAKER Ernest O'Malley
(Address) 518 Druid Hill Ave

20. FILED Jan 24 1938 Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1937 to 1-20, 1938

I last saw h.e.r. alive on 1-20 1938 Death is said to have occurred on the date stated above, at 4 30p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis dorsal vertebrae with abscess	
Acute pulmonary oedema	1-20-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-14-38

For what disease or injury? Tuberculosis spine

Name of operation Fusion of spine

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto City Hosp.

13257 HEALTH DEPARTMENT—CITY OF BALTIMORE 13257

CERTIFICATE OF DEATH

25201--CM

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam Barczewski

(a) Residence: No. 617 S. Bond St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Adam (D) ?

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Jan. 26 1938

19. UNDERTAKER Fred W Ozazewski

(Address) 1730 Eastern Ave

20. FILED JAN 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1938 to January 23, 1938

I last saw h alive on January 23 1938. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-11-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? YES

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

13258 CERTIFICATE OF DEATH ✓ 46-c F 13258

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Rutland Ave. St., 8-6 Ward)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CHARLES DANIEL BROWN

(a) Residence: No. 1614 Rutland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Brown

6. DATE OF BIRTH (month, day, year) June 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 1932 | 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Sophia Brown
(Address) 1614 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Salem Lutheran Church Date Jan 25 1938

19. UNDERTAKER Jacob Elliott
(Address) 200 E Pleasant

JAN 25 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to Jan 23, 1938

I last saw h... alive on Jan 22, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma. Intestine	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jacob Fisher, M. D.

(Address) 1823 N. Mount St.

F 43259

3259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 46-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1103 N. Fulton ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carol Ann Hughes
If U. S. Veteran specify WAR

(a) Residence: No. 1103 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 6-1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Geo. L. Hughes.
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Josephine Sadler
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Geo. L. Hughes.
(Address) 1103 N. Fulton ave
18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan 25 38
19. UNDERTAKER Geo. L. Boyer Jr
(Address) 512 Fulton St

Jan 25 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938 to Jan 23, 1938
I last saw her alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	
Other contributory causes of importance:	

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alden Mc M. D.
(Address) 4 N. Fulton

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43260 — 131 F 43260

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1800 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Poole

(a) Residence: No. 503 N. Carrollton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 19 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Surry Co. Virginia

12. NAME Robert Poole

13. BIRTHPLACE (city or town) (State or country) Surry Co. Virginia

14. MAIDEN NAME Clara Hall

15. BIRTHPLACE (city or town) (State or country) Surry Co. Virginia

16. INFORMANT Robert Poole

(Address) 503 N. Carrollton Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 26 '38

18. UNDERTAKER Mrs. George V. Holland

(Address) 1631 Druid Hill Ave

19. FILED JAN 25 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1, 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1, 2, 1938 to 1, 23, 1938

I last saw her alive on 1, 23, 1938. Death is said to have occurred on the date stated above, at 2 02 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	12.1.37
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Labor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) James P. Carr M. D.

(Address) 715 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 43261

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Marshall

(a) Residence: No. 1533 Mount St., Ward. Hal 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 28 65

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 75	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.C.T.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thos. Marshall

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Caroline Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 25 1938

19. UNDERTAKER James A Odgers
(Address) 1422 W Baltimore St

20. FILED JAN 25 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937 to Jan 22, 1938

I last saw h. alive on Jan 22, 1938 & Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate	1936 ?
Uraemia	?
Urinary Tract Infection	

Other contributory causes of importance:
Senile Debility
Myocardial Insufficiency

Was an operation performed? Yes Date of 12-7-36

For what disease or injury? Primary Obstruction

Name of operation Transurethral Resection

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carl E Buckland M. D.

(Address) John Hopkins Hospital

F 43262

3262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Bay View St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Annie Jones
(a) Residence: No. 923 Mulberry St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Jones (dead)

6. DATE OF BIRTH (month, day, year) Aug. 16 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Lawson H. Evans
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Rebecca D. Norman
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Robert Jones
(Address) 923 N. Fulton Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Jan 27, 1938
19. UNDERTAKER Samuel F. Chandler
(Address) 638 N. Fulton Ave.
20. FILED Jan 28 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Valvular heart disease	Unk
	Some time
Other contributory causes of importance: Malnutrition, Arteriosclerosis general	Some time

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. W. Wood, M. D. Coroner
(Address) 1712 N. Broadway

F 13263

13263 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Forest St. 10-2 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry M°Graw

(a) Residence: No. 713 Forest St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cal	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence M°Graw

7. DATE OF BIRTH (month, day, year) Aug 14 1900

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham Ala

13. NAME OF FATHER Marion M°Graw

14. BIRTHPLACE (city or town) (State or country) Ala

15. MAIDEN NAME OF MOTHER Patsy Mason

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Florence M°Graw

(Address) 713 Forest St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan. 26 1938

19. UNDERTAKER Bryant Marsh W. Wright

(Address) 1218 Eldorado St

20. FILED JAN 25 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

(Interest, Attorney or Inquest)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan 23 1938

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 750 Park Ave

13264 E 13264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 901 Druid Hill Avenue St. 11-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Keyes
If U. S. Veteran specify WAR .....

(a) Residence: No. 901 Druid Hill Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Julius Keyes

DATE OF BIRTH (month, day, year) Jan 29, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	49	11	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va
13. NAME Randolph Ford
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Martha J. Blaine
16. BIRTHPLACE (city or town) (State or country) Va
INFORMANT Lucy Holmes
(Address) 901 Druid Hill Ave.
BURIAL, CREMATION, OR REMOVAL Date Jan. 26, 1938
Mt. Calvary Cem.
UNDERTAKER Adolphus Hightad
(Address) 614 Edmondson Ave.
FILED JAN 25 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1938 to Jan. 22, 1938
I last saw her alive on Jan. 22, 1938 Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	5 ds.
Other contributory causes of importance:	
Cerebral Embolism	3 ds
Nephritis (Chronic)	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Wilcox M. D.
(Address) 1344 Druid Hill Ave.

3265 E 13265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1416 Franklin St. 19-1 Ward)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Beal
If U.S. Veteran specify WAR ....
(a) Residence: No. 1416 Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Beal
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.
INFORMANT (Address) Geneva Forsaken, 1416 Franklin St
BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1/25/38
UNDERTAKER Frances A. Dempsey
(Address) 578 W. Biddle St
FILED 1938 Hampton Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/38, 19, to 1/22/38, 19
I last saw her alive on 1/20/38 and that death, as said to have occurred on the date stated above, was caused by the following:
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension 1/19/38 — Date of onset
Other contributory causes of importance:
Arteriosclerosis
Nephritis
Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Clinical Was there an autopsy? No
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. C. Ellis M. D.
(Address) 22 E. Madison

HEALTH DEPARTMENT—CITY OF BALTIMORE

13266 F 13266

CERTIFICATE OF DEATH

29439 JS

21-148

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Jordon

If U. S. Veteran specify WAR

(a) Residence: No. 753 Eislen St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) 3-22-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	1 10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Daniel Goodman

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) D. V. M. Records

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cr Date 1/24/38

UNDERTAKER Isaac L. Brown & Son
(Address) 1 W Monlgomery St

JAN 25 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1937, to 1-23, 1938.

I last saw her alive on 1-22, 1938. Death is said to have occurred on the date stated above, at 8:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Unknown
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto. City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43267

2267

CERTIFICATE OF DEATH

V 161-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Forte

(a) Residence: No. 614 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jan 7 1938

DATE OF BIRTH (month, day, year) Jan. 9 1938

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Forte

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Fannie La Martina

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) Fannie La martina (Mother) 614 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Jan. 25 38, 19

19. UNDERTAKER (Address) Frank Della Vaca 52 N. Mosley St

20. FILED 25 1938, 19 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/19, 1938, to 1/24, 1938

I last saw him alive on 1/24, 1938 Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Peritonitis	a. Bad
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. I. Lissauer, M. D.

(Address) Mercy Hospital, Balto, Md

13268

HEALTH DEPARTMENT—CITY OF BALTIMORE

13268

CERTIFICATE OF DEATH

28181--RHW

72-5a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., ... Ward) 4-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Maccentelli

If U. S. Veteran specify WAR

(a) Residence: No. 820 S. Grundy St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) 5/23/1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife, 1937
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Only Home
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Gaetano Evangelisti

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Domenica Lenzi

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. Date Jan. 27 1938

UNDERTAKER Frank Della Rocca
(Address) 52 S. Motley St

FILED ... 19... Registrar

JAN 25 1938 Utica, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1937, to January 23, 1938.

I last saw her alive on January 23, 1938. Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelochloroma	1937
MYELOCHLOROMA	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.
(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

3269 — 13269

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME VIRGINIA CALIFIORE

(a) Residence: No. 917 N. ROSE St St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 23 / 1919

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y. City

13. NAME Anthony Colofiore

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Jennie Ingrasia

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holey Redeem. Cem. Jan. 26 1938

UNDERTAKER Frank Della Volle
(Address) 52 N. Motley St

Huntington Williams, Registrar

FILED JAN 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/20/38, 1938, to 1/23, 1938

I last saw h.er alive on 1/23, 1938 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	1/23/38
Rheumatic Cardio Vascular Disease	1920
Mitral Stenosis	?
Bronchopneumonia	1/20/38

Other contributory causes of importance:
Rheumatic Heart Disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. T. Lisansky M. D.

(Address) Mercy Hospital, Balto, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

13270 ✓ 23 F 13270

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Wells (29824)

If U. S. Veteran specify WAR

(a) Residence: No. 802 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 25, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Jefferson

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 25 1938

19. UNDERTAKER Wm. E. Akers
(Address) 603 Preston St

JAN 25 1938 , 19 Registrar.

Thomas Clifton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to January 20, 1938.
I last saw him alive on January 20, 1938 Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Lungs	unknown.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. A. Cassidy M. D.

(Address) Balto. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

13271

CERTIFICATE OF DEATH

F 13271

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E. Pratt St., V-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Squires

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2006 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Catherine Squires

6. DATE OF BIRTH (month, day, year) Nov 29th 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Rds. Com.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 yrs

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME OF FATHER Unknown Squires

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT James M. Squires

(Address) 2006 E. Pratt St

BURIAL, CREMATION OR REMOVAL Wm Cattudral Jan 26th 1938

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED JAN 25 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd 1938

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1938 to Jan. 23 1938

I last saw him alive on Jan. 23 1938 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	8 yrs.
Other contributory causes of importance: Cardiac Asthma	4 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.S.-S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John V. Zapparichi M. D.

(Address) 1802 Eastern Ave.

13272

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43272

CERTIFICATE OF DEATH

Registered No. 210-9

1. PLACE OF DEATH Mercy Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME John Wade

(a) Residence: No. 705 Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

DATE OF BIRTH (month, day, year) 1879?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME None

14. BIRTHPLACE (city or town) (State or country) None

15. MAIDEN NAME None

16. BIRTHPLACE (city or town) (State or country) None

17. INFORMANT Mrs. Reeds
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 26 1938

19. UNDERTAKER Wm Cook
(Address) 212 St. Paul St

Filed JAN 25 1938 A. Engler Williams, M.D.
Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Pulmonary Embolism	
Other contributory causes of importance: Chronic Chest Disease	1-12-38

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-12-38
Where did injury occur? Baltimore & Pulaski
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Stepping off Street & fell
Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Henry Pitts M. D.
Coroner

(Address) 907 N. Carey St.

13273

HEALTH DEPARTMENT—CITY OF BALTIMORE

13273

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3119 Guilford Ave St 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U. S. If of foreign birth? ... yrs ... mon. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Fitschen

(a) Residence: No. 3119 Guilford St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 7 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John Fitschen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary E. Adler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis Walther
(Address) 3119 Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Jan 25 1938

19. UNDERTAKER W. J. Jacobs & Son
(Address) 1001 Druid Hill Ave

20. FILED JAN 25 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 yr 1937 to Jan 23 1938
I last saw h... alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 2.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Diabetes for 12 yr	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Was there an autopsy?
What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did Injury occur? ... (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John R. Evans, M. D.
(Address) 612 Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13271 93-C 13274

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1219 John St. St., 11-7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Pue Nicholson

(a) Residence: No. 1219 John St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew L. Nicholson

DATE OF BIRTH (month, day, year) Jan. 28, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Michael Pue

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Josephine Schell

16. BIRTHPLACE (city or town) (State or country) Tenn.

INFORMANT (Address) Andrew L. Nicholson 1219 John St.

BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem. 1/26/38

UNDERTAKER (Address) 1900 Eutaw Place

JAN 25 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Jan 24, 1938

I last saw her alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/22/38

Myocarditis — Gradual

Hypertension

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Healy, M. D.

(Address) 140 Stricker

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13275

CERTIFICATE OF DEATH

✓97 F 13275

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Central Ave. St., 4-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophia Ohlgart

(a) Residence: No. 1315 N. Central Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. P. Ohlgart

DATE OF BIRTH (month, day, year) Sept. 28, 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Ritter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary A. Yeuter

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Katherine M. Ohlgart 1315 N. Central Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy. 1/26/38

18. UNDERTAKER (Address) John J. Mitchell Funeral Dirs. Inc. 1900 Eutaw Place

JAN 25 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1938 to Jan. 22, 1938. I last saw her alive on Jan. 22, 1938. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Nephritis	

Other contributory causes of importance:
Senile Cardiac Dilatation

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Littman, M. D.

(Address) 1304 E. Chase St.

13276

HEALTH DEPARTMENT—CITY OF BALTIMORE

13276

CERTIFICATE OF DEATH

29898 127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 27-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Carrie May Gross
Carolyn Gross

(a) Residence: No. 2810 Roselawn Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard J. Gross

DATE OF BIRTH (month, day, year) 5-1-~~1900~~ 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	~~39~~ 38	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME William Geller

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Carrie ~~Gerry~~ Brady

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records of Balto. City Hospts.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Jan. 26, 1938

UNDERTAKER Frederick Lasagna & Sons
(Address) 740 Belair Road

FILED 25 1938 ..... Registrar
H. Euston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-38, 19, to 1-24-38, 19

I last saw her alive on 1-24-38, 19. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Common biliary duct obstruction with jaundice Short-post-operative — Carcinoma — 1/23/38

Other contributory causes of importance: — prob

Was an operation performed? Yes Date of 1-22-38

For what disease or injury?

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. K. Woodward, M. D.

(Address) Balto City Hosp.

43277 HEALTH DEPARTMENT—CITY OF BALTIMORE 43277

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur S. Pattison

(a) Residence: No. 5604 Benton Heights Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanie L. Pattison

DATE OF BIRTH (month, day, year) Dec 6-1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	18	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR

10. Date deceased last worked at this occupation (month, year) 1937

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Yorkshire England

13. NAME Wm Pattison

14. BIRTHPLACE (city or town) (State or country) Yorkshire England

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Yorkshire England

INFORMANT Jeanie L. Pattison

(Address) 5604 Benton Heights Ave

BURIAL, CREMATION, OR REMOVAL Place Balto County Date Jan 27 38

UNDERTAKER Fredonia Lassahn Son

(Address) 7401 Belair Rd

FILED JAN 25 1938 Registrar. GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1938 to Jan 24 1938

I last saw h alive on Jan 24 1938. Death is said to have occurred on the date stated above, at 11 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type II)	3 days
	1

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert E. Eastman, M. D.

(Address) St. Joseph Hospital

sec.—1-30—M. & T.—250 Bks.

✓ F 43278

43278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1531 W. Fairmount ST., 19-2 WARD)

2-FULL NAME Ada E. Davis

(a) RESIDENCE NO. 1531 W. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April 6, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Clarksburg, Va.

10 NAME OF FATHER Geo. Davis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Carolyn Griffen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Lillian Hunter (Address) 1531 W. Fairmt.

1938 Washington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-23-38

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1938, to Jan. 23, 1938, that I last saw he alive on Jan 22, 1938, and that death occurred, on the date stated above, at 7.00 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiovascular Renal, (duration) yrs. 6 mos (?) ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. MacGill Wilkerson M. D.

1-23-38 (Address) 201 N Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Lawn — DATE OF BURIAL Jan 27 19 38

20 UNDERTAKER Franklin W Seitz — ADDRESS 814 N 36 St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43279

43279

CERTIFICATE OF DEATH

34-93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Liberty Heights St. 28-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Reuben N. Betson

If U. S. Veteran specify WAR

(a) Residence: No. 4809 Liberty Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 21 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Md.
(State or country)

13. NAME Reuben Betson

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Miss Della Betson
(Address) 411 E. Clement

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/26 1938

19. UNDERTAKER J. Fenw. McCully
(Address) 130 E. Fort Ave

FILED JAN 25 1938 Lemuel Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1937 to Jan. 23, 1938

I last saw him alive on Jan. 23, 1938 Death is said to have occurred on the date stated above, at 1450 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor. Myocarditis	
Coronary sclerosis	6 mo
Cardio vascular Syphilis	6 mo
Other contributory causes of importance: Syphilis	21 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Whitridge M. D.

(Address) 6600 Loberty Hts Ave

Irvin E. Owens

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13280 210-M F 13280

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and numb)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran Specify WAR

2. FULL NAME Irvin E. Owens

(a) Residence: No. 901 E. H St. Spaeth Pl. St., Ward. Balto

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene Owens

7. DATE OF BIRTH (month, day, year) Dec 11th 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethl Steel Co. Sp St Balto

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Father of Owens

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Susan Morse

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Irene Owens (Wife)

(Address) 901 E. H St Spaeth Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands Date 1/20 1938

19. UNDERTAKER John G. Connelly Essex Mortuary Huntington Station, N.Y.

(Address)

Registrar

20. FILED JAN 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 , 1938 8:45 AM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of Skull 1-23-38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-23, 1938

Where did injury occur? Bethl Steel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Factory

Manner of injury Fell & Ran Against Wall

Nature of injury Fracture of Skull & Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hubert Bundy M.D. Coroner, M. D.

(Address) 901 E. H St.

F 43281

3281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Richerson

(a) Residence: No. 300 N. Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Richerson

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	29			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Notknown

16. BIRTHPLACE (city or town) (State or country) Notknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 25 1938

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED 1938 Huntington Williams M.D. Registrar

8:38 AM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1938, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obesity	
Probably Fatty Degeneration	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Moore M. D.

(Coroner)

(Address) 2357 W. Pratt St.

4328 2 ✓ E.43282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Universal Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Hassie Baker

If U. S. Veteran specify WAR

(a) Residence: No. Union Bridge St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed or divorced HUSBAND (or) WIFE of Oscar Baker

DATE OF BIRTH (month, day, year) Dec 21, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Abraham Crushong

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Dayhoff

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ralph Crushong

(Address) Union Bridge Md.

18. BURIAL, CREMATION, OR REMOVAL Reformed Cemetery Date Jan 26 1938

19. UNDERTAKER C. D. Fuss & Son

(Address) Taneytown, Md.

20. FILED Jan 27 1938 Clinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1938, to 1-22, 1938

I last saw h[illegible] alive on 1-22, 1938. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Carcinoma of Left Breast	2 yrs
Re-infected x-ray burns of chest	3 mo.
Bronchopneumonia	2 wk.

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Powell Jr. M. D.

(Address) Union Bridge

1938

13283

HEALTH DEPARTMENT—CITY OF BALTIMORE

13283

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Milton Ave. 7-7 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie E. Berry

(a) Residence: No. 519 N. Milton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Thomas W. Berry

DATE OF BIRTH (month, day, year) Dec. 2-1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob Koffenberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Waidner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Geo. W. Berry

(Address) 519 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1-27-38

19. UNDERTAKER Geo W Sittle & Edmondson Ave

(Address) 2700 Edmondson Ave

Huntington Williams M.D. Registrar

20. FILED JAN 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18 - 1937 to Jan. 24, 1938

I last saw h... alive on Jan 24, 1938 Death is said to have occurred on the date stated above, at 4-45 ?. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Chr. Interstitial Nephritis	1933
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Physical Examination What test confirmed diagnosis? (Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no ... If so, specify

(Signed) Paul J. Brown M. D.

(Address) 1663 W. North Ave.

Alfred N. Stehley

13284 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13284

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Provincial dealat Wash Co Gen Hospital St. 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alfred N. Stehley

(a) Residence: No. 1422 Eagle Ave, St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Georgia Stehley

6. DATE OF BIRTH (month, day, year) April 2, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.
10. Date deceased last worked at this occupation (month and year) 1/22/38 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Samuel Stehley

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

15. MAIDEN NAME OF MOTHER Mary Ferguson

16. BIRTHPLACE (city or town) (State or country) E. Norfolk Va

17. INFORMANT (Address) Rosalie Stehley Tennyson 2832 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Jan 27, 1938

19. UNDERTAKER Henry H. Mumaugh (Address) 4224 Edmondson Ave

20. FILED JAN 29 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 7:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvular heart lesion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hargrave M. D. Coroner

(Address) 26 E Hamilton

✓ F 13285

13285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Charles St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Hughes

If U. S. Veteran specify WAR

(a) Residence: No. 715 S. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara Hughes

DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Albert Hughes

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Betty ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles Pool

(Address) 2018 Decatur St

18. BURIAL, CREMATION, OR REMOVAL Richmond Va.

Place Richmond Va Date 1/25 1938

19. UNDERTAKER Walter B Gregg

(Address) 1394 W Marshall St.

Huntington Williamson W Va

1/25 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. K. Cullen M. D.

Coroner

(Address) 715 S Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13286

CERTIFICATE OF DEATH

131

F 13286

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 6-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Lingner

If U. S. Veteran specify WAR

(a) Residence: No. 109 N. Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) MAR. 1/ 1885

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

13. NAME JOHN LINGNER.

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

15. MAIDEN NAME JULIA LONG.

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT JOHN LINGNER. (FAHTER)
(Address) 109 N. WOLFE ST.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date JAN. 26/ 38

19. UNDERTAKER Lilly & Zuberbuhler
(Address) 403 S. WOLFE ST.

JAN 25 1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Jan 22, 1938

I last saw h[illegible] alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Chronic Nephritis	?
Chronic Myocarditis	?
Decompensation	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Gilbert E. Rubenstein M. D.

(Address) St. Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43287 — 93-C F 43287

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 S. CONKLING ST. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME FREDERICK YOUNGKEN

(a) Residence: No. 826 S. CONKLING ST. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6. If married, widowed, or divorced HUSBAND of (or) WIFE of MOLLIE YOUNGKEN

7. DATE OF BIRTH (month, day, year) FEB. 16-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	6 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FIREMAN AT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COPPER WORKS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT MOLLIE YOUNGKEN (WIFE)
(Address) 826 S. CONKLING ST.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART CEM. Date. JAN. 26 1938

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. WOLFE ST

FILED JAN 25 1938 19 H. Eugene Pallmeyer M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to Jan 23 1938

I last saw him alive on Jan 23 1938. Death is said to have occurred on the date stated above, at 2/30 A. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Apl — Date of onset 1932

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Edward J. Blackmore M. D.

(Address) 3501 Harford

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13288 59 F 13288

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N. Payson St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Neubauer

If U. S. Veteran specify WAR

(a) Residence: No. 232 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Neubauer

DATE OF BIRTH (month, day, year) February 4 - 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marble Letter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Casper Neubauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine A. Neubauer

(Address) 232 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan. 26-38

19. UNDERTAKER George L. Lohmeyer

(Address) 2101 Frederick Ave.

20. Date JAN 25 1938 Signature Williamson & Co. Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23. 1938

I HEREBY CERTIFY, That I attended deceased from April 15th, 1937 to Jan 23, 1938

I last saw alive on Jan 22 1938 Death is said to have occurred on the date stated above, at 11 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis	Years
Myocardial degenerations	Years
Chronic nephritis	Years
Diabetes	Years
Other contributory causes of importance: Gangrene of right foot	8 Month

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Michel M. D.

(Address) 2901 Edmondson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13289) F 13289

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2955 Frederick Ave. St., 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William T. Garrison

(a) Residence: No. 2955 Frederick Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma.	White	Divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude Allen

6. DATE OF BIRTH (month, day, year) Dec. 13 1872.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edwin F. Garrison

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Charlotte Curry

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Chas W. Garrison 713 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Jan 27 38

19. UNDERTAKER (Address) George L. Schwait 2101 Frederick Ave.

JAN 25 1938

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Jan 24

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Martin J. Hanna M. D.
Coroner

(Address) 1822 W. Baltimore St

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

43290 CERTIFICATE OF DEATH ✓ 108 F 43290

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-1 Ward)

Length of residence in city or town where death occurred ..yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Bessie Corrigan If U.S. Veteran specify WAR .....

(a) Residence: No. 623 Cedar Avenue St., Ward. Totman, N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) abt 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	abt 62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Totman, NJ.

13. NAME Michael Corrigan

14. BIRTHPLACE (city or town) (State or country) County Kilkenny Ireland

15. MAIDEN NAME Ellen Hickey

16. BIRTHPLACE (city or town) (State or country) County Kilkenny Ireland

INFORMANT Records of Mt Hope
(Address) ret Inter Retreat

BURIAL, CREMATION, OR REMOVAL
Place Glassboro, N. J. Date Jan 27/38 19

UNDERTAKER Stewart & Mowen Company
(Address) 108 W Northern Ave

Filed Jan 27 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Jan. 25 1938

I last saw her alive on January 24 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bibleminded	?

Other contributory causes of importance: Right Central lobar Pneumonia | 5 days

Was an operation performed? NO Date of .....

For what disease or injury? none

What test confirmed diagnosis? Findings Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Damon V. Akers M.D.

(Address) 536 Federal St

5 1938

3291 ✓ F 43291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 S. Rose St St., 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franciszka Nieuradomska

U.S. Veteran specify WAR

(a) Residence: No. 602 S Rose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanlaw Nieuradomski

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60.				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME J. Nieuradomski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine Kokakowski

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Max Nieuradomski

(Address) 602 S. Rose St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan. 26 1938

UNDERTAKER Wm. J. Fialkowski

(Address) 1007 Eastern Ave

Filed 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1938 to Jan. 22 1938

I last saw her alive on Jan 22 1938 Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro hemorrhage in	5 days
Forearm & Yellow Jaundice	(2 months)
Other unknown Ly to	
Malignancy of Stomach	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Yes or No) If so, specify

(Signed) Leon J. Liebson M. D.

(Address) 732 S. Patterson Pk

13292

HEALTH DEPARTMENT—CITY OF BALTIMORE

13292

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4118 Alto Road St. 15-9 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 24 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eduardo L. Desvernine

(a) Residence: No. 4118 Alto Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilde H. Desvernine

DATE OF BIRTH (month, day, year) Oct 21 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cuban Consul

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Havana Cuba

13. NAME Pedro Eugenio Desvernine

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elena Luisa Zequeira

16. BIRTHPLACE (city or town) (State or country) Havana Cuba

17. INFORMANT Matilde H. Desvernine

(Address) 4118 Alto Road

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cemetery New York City Date Jan 27 1938

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Franklin Ave

Jan 25 1938 Hampton Williams, M.D. Registrar.

GAK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936 to January 24 1938

I last saw h[illegible] alive on January 23 1938 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral endocarditis	
Arteriosclerosis	
Hypostasis	
Cardiac dilatation	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] Kirby, M. D.

(Address) 110 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13293 — 107-a — F 13293

Registered No. .....

1. PLACE OF DEATH — St. Joseph's Hospital — Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....) St. .....

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME — Frederick A. Lovett — If U. S. Veteran specify WAR ____

(a) Residence: No. 103 E. Lafayette Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of — Fannie E. Lovett

DATE OF BIRTH (month, day, year) — Jan 30 - 1872

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	65	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Shoe - maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 5088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Maine

13. NAME — John Lovett

14. BIRTHPLACE (city or town) (State or country) — Maine

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Maine

17. INFORMANT — Mrs. Fannie E. Lovett

(Address) — 103 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place — Moreland Mem. Park — Jan 28 1938

19. UNDERTAKER — Horace F. Burgee

(Address) — 3631 Falls Road

FILED JAN 25 1938 — Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Jan. 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1938 to Jan 25 1938

I last saw him alive on Jan 25 1938 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1-18-38

Other contributory causes of importance:

Was an operation performed? No — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13291 CERTIFICATE OF DEATH 46-F F 13291

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 15-11 (Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME James Lewis

(a) Residence: No. 3206 Sequoia Ave. St., Balto. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elmyra Lewis

DATE OF BIRTH (month, day, year) April 30, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Outside

10. Date deceased last worked at this occupation (month and year) Jan. 1938

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Louisville, Ky.

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Mary Sneed

16. BIRTHPLACE (city or town) (State or country) Ky.

INFORMANT Mrs. James Lewis

(Address) 3206 Sequoia ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 1/27 1938

UNDERTAKER Herman Lemmon

(Address) 4611 Park Heights.

JAN 25 1938 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/20/38, 19 , to 1/24/38, 19

I last saw him alive on 1/24/38 Death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Ca of pancreas? & metastasis	1937?
(b) liver	
Bronchopneumonia - autopsied	Jan. 10, 38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred Edwards, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 13295

13295

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N Appelton St.) 15-W (Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Brill

(a) Residence: No. 1634 Appelton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of ~~[illegible] WIFE of~~ Late Sarah

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Benj Brill (Address) 1634 N Appelton St

18. BURIAL, CREMATION, OR REMOVAL Lehavr Herzing Rem Date Jun 26 1938

19. UNDERTAKER Sol Levinson Bros. (Address) 1129-31 N Washington Ave

Huntington Ave

JAN 25 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1938 to 1/25, 1938

I last saw him alive on 1/25, 1938. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Dilat Pneumonia — Date of onset 1/19/38

Other contributory causes of importance:

Chronic Myocarditis Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Krumpen M. D.

(Address) 1220 W Lee St

(Ruppert)

13296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-FF 13296

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 56 yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Aloise Ruppert

(a) Residence: No. 900 N. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Ruppert

7. DATE OF BIRTH (month, day, year) June 2 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME of Father Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME of Mother Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louis Ruppert

(Address) 900 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 27 1938

19. UNDERTAKER Hans Wach & Son

(Address) 906 Eutaw St

20. FILED Jan 27 1938 Huntington Williams, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1938, to January 25, 1938

I last saw her alive on January 25, 1938. Death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of head of pancreas & intense jaundice — Date of onset ?

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? Yes. Date of Jan 21, 1938

For what disease or injury? Ca. head of pancreas

Name of operation Cholecystogastrostomy & Choledochostomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Muse M. D.

(Address) St. Agnes Hospital

1938 14

3297

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43297

CERTIFICATE OF DEATH

106-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Hamilton Terrace St., 11 Ward)

Length of residence in city or town where death occurred 9 yrs. 9 months ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Nancy Evans Parker

(a) Residence: No. 821 Hamilton Terrace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Wid

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 15 1837

7. AGE — Years: 11 | Months: | Days: 10 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Henry Parker

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Martha Franks

16. BIRTHPLACE (city or town) (State or country): Del Md

17. INFORMANT: Anna A. Parker

(Address) 821 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL: Druid Baptist Cemetery

Place Woodlawn Md Date Jan 26 1938

19. UNDERTAKER: Wm Cook

(Address) 212 St Paul St.

FILED Jan 26 1938 [signature] Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	Over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D. Coroner

(Address) [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE 13298

13298

CERTIFICATE OF DEATH 29559

34-1-59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Percy Lattimore

(a) Residence: No. 1216 Madison Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Gab (2)

6. DATE OF BIRTH (month, day, year) 10-15-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records of Balto. City nospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hinston-Salem N.C. Jan 26 38

19. UNDERTAKER Wm. Geo. N. Hatland
(Address) 1631 Druid Hill Ave

20. FILED 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1938, to January 25, 1938

I last saw her alive on January 25, 1938. Death is said to have occurred on the date stated above, at 12¹⁵ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-20-38
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13299

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 12-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... Mary Aiken

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnson England

13. NAME Mary Johnson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Bannister

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 27, 1938

UNDERTAKER John A. Horan
(Address) 3000 E. Pratt St.

FILED ..... 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... , 19 38

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Tuberculosis meningitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

13300 E 13300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30020 (MB)

Registered No. 24-395

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Winkleman

(a) Residence: No. 1125 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Winkleman

DATE OF BIRTH (month, day, year) 1/21/1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Granger

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Wagner

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT City Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 29 1938

UNDERTAKER William M. Marecki
(Address) 715 Light St

FILED 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938. to January 25, 1938.

I last saw her alive on January 25, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-17-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautalle M. D.

(Address) Baltimore City Hospitals

13301 E 13301

13301 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 E North Ave (St.) 8-2 (Ward)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Hamlen

(a) Residence: No. 2232 E North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 4, 1885

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottle Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Hamel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Cloud

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Irene E Brehme

(Address) 2232 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 28. 1938

19. UNDERTAKER William H. Mareck

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1917 E. North Ave

13302 HEALTH DEPARTMENT—CITY OF BALTIMORE 13302

CERTIFICATE OF DEATH V 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2320 E Madison St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Charlotte C. Garrison
(a) Residence: No. 2320 E Madison St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin Garrison

DATE OF BIRTH (month, day, year) Sept 9-1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Leonard

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Mamie Mares
(Address) 618 N Montford Ave

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 26 1938

UNDERTAKER John Ullrich & Sons
(Address) 800 E Oliver

FILED 19 Registrar.

JAN 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Jan 24, 1938 That I last saw him alive on Jan 23-1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1-7-38
Other contributory causes of importance: Bronchopneumonia	1-7-38

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alma B Lemmon M. D.
(Address) 718 N Patterson Park Ave

13303 HEALTH DEPARTMENT—CITY OF BALTIMORE 13303

CERTIFICATE OF DEATH

107-a Registered No. .....

1. PLACE OF DEATH 3401 Oakfield Ave 15-10
CITY OF BALTIMORE: (No. 3401 Oakfield Ave St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. ; mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Louisa Bowers Barclay

(a) Residence: No. 3401 Oakfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Josephus Barclay

7. DATE OF BIRTH (month, day, year) Oct 10. 1849

AGE: Years 88 | Months 3 | Days 15 | If LESS than 1 day, hrs. or, min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation,

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Sister

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME 2

16. BIRTHPLACE (city or town) (State or country) 2

17. INFORMANT F. Rees Barclay

(Address) 3401 Oakfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Aug 29 1938

19. UNDERTAKER Wm Cruickshank & Son

(Address) 1400 Eutaw Place

20. FILED N 26 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18. 1938. to January 24. 1938. Death is said to have occurred on the date stated above, at 12.47 PM.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1-19-38
Circulatory failure — 1-23-38

Other contributory causes of importance:

Old age.

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Lot. Young M. D.

(Address) 3021 Belair Road

F 43304

M. D. B. 1268-9

3304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Cambridge Arms Apts

CITY OF BALTIMORE: (No. S.E. Cor. Chas. + 34th Sts. Ward) 12-12

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Baird Mitchell

(a) Residence: No. ~~Barr~~ Cambridge Arms Apts. St., Ward. Fairmont, W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Virginia Fleming Mitchell

7. DATE OF BIRTH (month, day, year) Apr. 17, 1875

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Rye, N.Y.

13. NAME William Mitchell

14. BIRTHPLACE (city or town) (State or country) Rye, N.Y.

15. MAIDEN NAME Mary Baird

16. BIRTHPLACE (city or town) (State or country) Princeton, N.J.

17. INFORMANT Mrs. Virginia F. Mitchell

(Address) Cambridge Arms Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Jan 27, 1938

19. UNDERTAKER Sam Hollifield Sons

(Address) 910 Eutaw Place

Huntington, West Virginia

JAN 28 1938

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to Jan. 25, 1938

I last saw him alive on Jan. 25, 1938. Death is said to have occurred on the date stated above, at 1.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Auricular Fibrillation	1934
Myocardial Insufficiency	
Other contributory causes of importance: Diabetes Mellitus	1935

Name of operation None Date of

What test confirmed diagnosis? Many Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Parsons, M. D.

(Address) 1010 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43305

CERTIFICATE OF DEATH

43305 √123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital Ward 5-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Walter Rowe Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 1824 Ashburton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Helen Jane Rowe

DATE OF BIRTH (month, day, year) December 26, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. W. Beers Paper Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas L. Rowe

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caroline Marhiere

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

INFORMANT Mr. Howard W. Rowe Jr.
(Address) 1824 Ashburton St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 27 38

UNDERTAKER W. J. Pickwell Sons
(Address) Baltimore Md.

FILED 1-26 1938 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1938 to Jan. 25, 1938

I last saw h. alive on Jan. 25, 1938 Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Segmental	1932
Other contributory causes of importance	
Paralytic ileus	1938
Cardiac failure	1938

Was an operation performed? yes Date of 1/18/38

For what disease or injury? Arteriosclerosis, Segmental

Name of operation Intubation & Decompression Signed

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. S. Baltrister Jr. M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13306 13306

CERTIFICATE OF DEATH

9-6 ✓ 82-W

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1804 Chilton St St., (Ward)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary M. Johnson

(a) Residence: No. 1804 Chilton St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elijah H. Johnson

DATE OF BIRTH (month, day, year) April 14 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Scott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Tigens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Marion Johnson

(Address) 1804 Chilton St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan. 26 1938

19. UNDERTAKER J. J. Tickner & Sons

(Address) E. Lake

20. FILED Jan 26 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/38. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1937 to Jany 24 1938

I last saw h[illegible] alive on Jany 24 1938. Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jany 17
Other contributory causes of importance: Arteriosclerosis	2

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Walter Thomas M. D.

(Address) 236 Lanvale St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 13307

13307 95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. Myer Greenbaum (Fannie Greenbaum)

(a) Residence: No. 2420 Rogers Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myer Greenbaum

DATE OF BIRTH (month, day, year) Dec. 7 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Abram Samuels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Irma Greenbaum

(Address) 2420 Rogers Ave.

17. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Balto. Hebr. Cem. Date Jany. 26 1938

18. UNDERTAKER Harid Sondheim & Son

(Address) 1902 Eutaw Place

19. FILED ..... 19.....

Registrar.

26 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 . 1938. to Jan 24 . 1938

I last saw her alive on Jan 24 . 1938. Death is said to have occurred on the date stated above, at 4.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Jan 2, 1938
Other contributory causes of importance: Arteriosclerotic heart disease	1934
Acute Cardiac dilatation	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. D. Sudan M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43308 F 43308 94-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Eutaw Place & Wilson St.

CITY OF BALTIMORE: (No. Marlborough Apts. St., ... Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha B. Slesinger

(a) Residence: No. Marlborough Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Aaron Slesinger

DATE OF BIRTH (month, day, year) Jany. 6. 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75		19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Moses Brownold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Lehmayer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Feder,
(Address) Marlborough Apts.

BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Date Jany. 27, 1938

UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place.

JAN 26 1938 E. E. Williams M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 25, 1938

I last saw her alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 7 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis Pulmonary thrombosis	Jan 25 38
Other contributory causes of importance:	
Arteria-sclerosis	5 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

F 43309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43309

CERTIFICATE OF DEATH

5-1 / 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1263 E Fayette Street St., 5-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Amy Jones

(a) Residence: No. 1263 E. Fayette Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jones

6. DATE OF BIRTH (month, day, year) August 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

13. NAME Lewis Cain

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

INFORMANT Julia Blackston

(Address) 1620 N Mills Street

17. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Jan 29. 1938

18. UNDERTAKER Mrs Lottie Gross

(Address) 1408 Ashland Ave

Huntington, W. Va.
Registrar

19. FILED JAN 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 24, 1938

I last saw h-er alive on Jan 24, 1938 Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/22/38
Contributory Pyelonephritis.	Last week
Other contributory causes of importance: Cystitis	Over 2

Was an operation performed? ——— Date of ———

For what disease or injury? ———

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Lafaver, M. D.

(Address) 822 N. Howard St

F 43310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B-194 F 43310

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Leistertown Road (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Snyder

(a) Residence: No. 2420 Leistertown Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Anett Feinberg Wife

(Address) 2420 Leistertown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/26/38

19. UNDERTAKER: Jay L. Levy Inc.

(Address) 1437 E. Balto St.

20. FILED ... 19 ... Registrar.

JAN 26 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933 to Jan, 25, 1938

I last saw h alive on Jan, 25 1938 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

Hypertension, Arterio sclerosis, Coronary Thrombosis. — Date of onset

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Abraham Schapiro, M. D.

(Address) 2028 Eutaw Place

13311 HEALTH DEPARTMENT—CITY OF BALTIMORE 13311

CERTIFICATE OF DEATH

Registered No. 343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 N Pentalaus St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kinney

(a) Residence: No. 433 N. Pentalaus St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J

6. DATE OF BIRTH (month, day, year) April 7, 1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	13, 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Mary Kinney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT [illegible] (Address) 433 N. Pentalaus St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Date 1/16/38 19

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED JAN 16 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2:40 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonia	
Autumnal Death	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

13312

HEALTH DEPARTMENT—CITY OF BALTIMORE 13312

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Eastern Ave. St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Herbert Eastern Ave. Ward.

(a) Residence: No. 929 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1853

7. AGE 82 Years | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME of Father Herbert Eastern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Maria Bruns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Louise Eastern

(Address) 929 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. 4/28/38 19

19. UNDERTAKER Joyce & Joyce

(Address) Fulton & Lanvale

20. FILED APR 26 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Senility

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3313 18 F 43313

Registered No. 25516

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. (Avalon)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Edward Bond

(a) Residence: No. 3215 Sun St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME John W. Bond

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Lottie Bazemore

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT John W. Bond

(Address) 3215 Sun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 26, 38

19. UNDERTAKER The Lutz R. Williams Co.

(Address) 322 S. Schroeder St.

FILED JAN 26 1938 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococci Meningitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. R. Cullen M. D.

Coroner

(Address) 3757 Hamilton

13314 ✓ F 43314 #29375

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B SF

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Hicks

(a) Residence: No. 832 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married-sep.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Johnie

7. DATE OF BIRTH (month, day, year) 6/14/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Blake

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Varnie Till

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 2 1938

19. UNDERTAKER
(Address)

20. FILED JAN 26 1938 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to January 20, 1938

I last saw him alive on January 20, 1938. Death is said to have occurred on the date stated above, at 7.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	4 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

43315 43315

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond Alvey

(a) Residence: No. 776 W. Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6 21

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Spencer Alvey

14. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md.

15. MAIDEN NAME of Mother Goldie Hartdagl

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Spencer Alvey
(Address) 776 W. Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/28 1938

19. UNDERTAKER Durward C. Conaughton
(Address) 21 W. 20th St

1/28 1938 Huntington Williams, M.D.
(Signature of Undertaker) (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938, to January 25, 1938.

I last saw him alive on January 25, 1938. Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

Rheumatic C.V.D. — Date of onset 3-37
Cardiac Insufficiency + Dilatation
Mitral Disease + Emphysema
Secondary Anemia

Other contributory causes of importance:

Pulmonary Congestion + Peripheral Edema
Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. B. Long, M. D.

(Address) University Hospital

F 43316

43316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Re Zepp

(a) Residence: No. W. Lain, 2nd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Zelda Zepp.

DATE OF BIRTH (month, day, year) Oct 31, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Franklin D. Zepp

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Fannie Hooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Zelda Zepp. (Address) Mt. Airy. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cem. Date Jan. 28 1938

19. UNDERTAKER C. M. Waltz (Address) Winfield, Md.

20. FILED 19 Registrar

193 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 02, 1938 to Jan 26, 1938

I last saw h. alive on Jan. 25, 1938 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Jan. 19

(Bronchiectasis & pneumonitis

Rheumatic CVD, mitral aortic

stenosis & dilatation insufficiency

Other contributory causes of importance: Coma

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Machman Davidson, M. D.

(Address) University Hosp.

13317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13317

106

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Cleveland St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Lenhardt

If U. S. Veteran specify WAR

(a) Residence: No. 1164 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Lenhardt

7. DATE OF BIRTH (month, day, year) July 23, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward

10. Date deceased last worked at this occupation (month and year) Jan 21, 1938

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Andrew Lenhardt

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Daniels

(Address) 1164 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 28, 1938

19. UNDERTAKER Mrs. Mrs. John W. Geipel & Son

(Address) 801 W. Fayette St

19 ... Huntington Williams, M.D.

1938

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1938 to Jan 25, 1938

I last saw him alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (bilateral)	1-19-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Flakes, M. D.

(Address) 523 Holt St.

F. D. B. 1268-9

3318

✓ F 43318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 S. Linwood Ave St., 2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Lanza

(a) Residence: No. 641 S. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Filippo Lanza

7. DATE OF BIRTH (month, day, year) April 24 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8 9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Giovanni Costa

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Caterina Savini (Daughter)
(Address) 641 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Jan27 38

19. UNDERTAKER Frank Della Valle
(Address) 52 N. Motter St.

Filed JAN 26 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1938 to Jan 24 1938

I last saw h. alive on Jan 24 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Jan 22	1938

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Bellanca M. D.

(Address) 358 Fort ave

F 43319

319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 E. Monument St. 410-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martina Barnes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1444 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of George Barnes.

DATE OF BIRTH (month, day, year) November 12 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Finders, William

14. BIRTHPLACE (city or town) (State or country) Dubuque

15. MAIDEN NAME Irene Cole.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Willie Green

(Address) 607 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan. 27 38

19. UNDERTAKER Robert H. Young

(Address) 804 N. Caroline St.

1938 Jan 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1938, to 1/24, 1938

I last saw her alive on 1/23, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/12/38
Other contributory causes of importance:	
Chronic nephritis	?
arterio-sclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. [illegible] M. D.

(Address) 1500 E. Madison St

3320 F 13320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Division St St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Snowden

If U. S. Veteran specify WAR

(a) Residence: No. 1825 Division St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Modenia

DATE OF BIRTH (month, day, year) March 14, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Isaac Snowden

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Maggie Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Modenia Snowden

(Address) 1825 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 1/27 1938

19. UNDERTAKER Frances A. Hemsley

(Address) 578 N. Biddle St

20. FILED Registrar

1/26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1938 to 1/24, 1938

I last saw h alive on 1/24, 1938. Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Acute Bronchitis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. M. Rule, M. D.

(Address) 2139 Druid Hill Ave

3321 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13321

CERTIFICATE OF DEATH

8-6 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N Wolf St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adelina Maria Cimino If U. S. Veteran specify WAR

(a) Residence: No. 1625 N Wolf St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 30, 1937

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			28 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Salvatore

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lena Panzarella

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Salvatore Cimino
(Address) 1625 N. Wolfe

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date 1/27, 38

19. UNDERTAKER Frank V. Pipistone
(Address) 248 E. Biddle St

FILED 1/28 1938 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25-38, 19..., to 1-26-, 1938

I last saw her alive on 1-26-, 1938 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/22/38

Other contributory causes of importance:

Bronchopneumonia	1/22/38

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) S. Simeone M. D.

(Address) Medical Arts Bldg.

F 43322

3322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-5-94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Pennington Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 34 yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Marie Rieger

(a) Residence: No. 4507 Pennington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rieger

7. DATE OF BIRTH (month, day, year) 1874

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64 03			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CzecoSlovakie

13. NAME Joe Younger

14. BIRTHPLACE (city or town) (State or country) CzecoSlovakia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Czeco-Slovaki

17. INFORMANT Charles Rieger

(Address) 4507 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A A Co. Date Jan. 27 19 38

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Cullen Coroner M. D.

(Address) 2157 E. Fayette

F 43323

HEALTH DEPARTMENT—CITY OF BALTIMORE

43323 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR No. Record

2. FULL NAME Jared Herring Sr

(a) Residence: No. 17 Highurst Rd St. Towson Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Walden Herring

6. DATE OF BIRTH (month, day, year) Dec 27th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Livery Order Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Bag Express Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (Years) spent in this occupation
1925	4

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME David Herring

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Jane McKnight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robert R Herring

(Address) 17 Highurst Rd. Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 27th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

(Signed) Thurston Williams, Asst. Registrar.

JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1937 to Jan 25 1938

I last saw him alive on Jan 25 1938. Death is said to have occurred on the date stated above, at 6.20 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis c Hypertension — Date of onset 5 yrs

Chronic Nephritis c Uremia. — 1 month

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Rohman M. D.

(Address) 921 W North Ave

13324 HEALTH DEPARTMENT—CITY OF BALTIMORE 13324

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 W. Balto St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna R. Arnold

(a) Residence: No. 1712 W Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 23rd 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John V. Arnold

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Louise Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John A. Hall

(Address) 1422 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 28th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Registered JAN 27 1938 Wm. Thompson Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Jan 25 1938.

I last saw her alive on Jan 23 1938. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1 hr
Other contributory causes of importance: Chronic myocarditis & nephritis chronic	

Was an operation performed? (Yes) Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Calas, M. D.

(Address) 47 N Fulton

B 39650 B 13325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 13325

V51-13

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 12-5 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War No Record

2. FULL NAME William Gore

(a) Residence: No. 2006 Mad Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode) SD Yes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

6a. If married, widowed or divorced, WIFE of (or) HUSBAND of: Anna Gore

6b. DATE OF BIRTH (month, day, year): Jan 11 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor + Builder

10. Date deceased last worked at this occupation (month, day, year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Richard Gore

14. BIRTHPLACE (city or town) (State or country): Easton Md

15. MAIDEN NAME OF MOTHER: Annie Austin

16. BIRTHPLACE (city or town) (State or country): Easton Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date Jan 27 1938

19. UNDERTAKER (Address): Wm Cook 1217 St Paul Street

20. FILED Jan 27 1938 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 4, 1938 to JAN 25, 1938

I last saw him alive on JAN 25, 1938. Death is said to have occurred on the date stated above, at 4.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retrovesical tumor? over	?
Benign Prostatic Hypertrophy	"
Urinary Tract Infection	"
Uraemia	"
Other contributory causes of importance:	
Arteriosclerosis, generalized	?
Diverticulum of bladder	?

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carl E Burkland M. D.

(Address) Johns Hopkins Hospital

F 43326

43326 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., [illegible] Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sarah Brunner

(a) Residence: No. 2014 E. Hoffman St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph F. Brunner (dead)

6. DATE OF BIRTH (month, day, year) Aug. 9-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Casper Krueger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Barbara (Underwood)

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret Conley

(Address) 13 N. Wasson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 27th 1938

19. UNDERTAKER William Cook

(Address) 1217 E. Paul St

[illegible] 19.. Registrar

JAN 27 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 days
	17

Other contributory causes of importance: Fracture neck left femur 1 Month

Was an operation performed? No Date of

For what disease or injury?

Name of operation (Official) Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan. 1937

Where did injury occur? Car Stand, Cathe. Ave & (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Car stand

Manner of injury Slipped on icy sidewalk.

Nature of injury Fracture Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, Coroner, M. D.

(Address) 1712 N. Broadway

13327

HEALTH DEPARTMENT—CITY OF BALTIMORE 13327

CERTIFICATE OF DEATH

117-2

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-6 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Eckels — If U. S. Veteran specify WAR No Record

(a) Residence: No. 1919 E. 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna R. Eckels

DATE OF BIRTH (month, day, year) April 26th 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Eckels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Lenzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna R. Eckles
(Address) 1919 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 29th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

20. FILED ..... 19..... Registrar.
~~27 1938~~ Wm. Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1938 to 1-26 1938

I last saw him alive on 1-26 1938 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	1917
Other contributory causes of importance: Pneumonia	1-24-38

over

Was an operation performed? Yes Date of 1-21-38

For what disease or injury? Gastric Ulcer

Name of operation Partial Gastric Resection & Gastro Enterostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. Scarborough Jr. M. D.

(Address) Md. Gen. Hosp.

F 43328

340693 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 53-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 27-1 Ward

Length of residence in city or town where death occurred 13 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Stolte (Stolte) If U. S. Veteran specify WAR

(a) Residence: No. 4012 Belwood Ave St., Ward Gardenville (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5-1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Stolte

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Augusta Janssen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date 1/27/38, 19

Place Parkwood Cem

(Sec.)

19. UNDERTAKER J. B. Tippett & Son

(Address) 1300 Eutaw Place

JAN 27 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to Jan 24, 1938

I last saw him alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant Glioma	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-21-38

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Open Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Walton, M. D.

(Address) Johns Hopkins Hospital

13329 F 13329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Woodland St., 37-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Beck

(a) Residence: No. 3507 Woodland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) -1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Y

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Beck

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland ?

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George H. Weber

(Address) 2757 W Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 1/28/38. 19

19. UNDERTAKER J. B. Shippert & Son

(Address) 1300 Eutaw Place

20. FILED JAN 27 1938 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/21/38. 19 to 1/25/38. 19

I last saw him alive on 1/24/38. Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr
Uremia	
Edema Lungs	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. S. Tom M. D.

(Address) 1 W. Mt. Royal Ave

43330 F 43330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Penna. Ave St. 13-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace J. Shoaker

(a) Residence: No. 2605 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond H.

6. DATE OF BIRTH (month, day, year) Sept 20 1902

7. AGE: Years 36; Months 4; Days 4; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER'S NAME

13. NAME Mary T. Hearlen

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Emma Babcock

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Raymond H Shoaker

(Address) 2605 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/27/38 19

19. UNDERTAKER J. B. Tippett & Son

(Address) 1300 Eutaw Place

20. FILED 1/27/1938 19 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry And that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Coronary Occlusion — Date of onset 1/24/38

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans Coroner, M. D.

(Address) Coroner

43331 HEALTH DEPARTMENT—CITY OF BALTIMORE 43331

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 Mondawmin Ave St., 15 Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lennie Lee Manning

(a) Residence: No. 342 Mondawmin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis M. Manning

6. DATE OF BIRTH (month, day, year): Oct. 21, 1853

7. AGE: Years 84 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lexington Ky.

FATHER

13. NAME: Thomas Pindell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ann

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Lennie Manning

(Address) 342 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 1938

19. UNDERTAKER: Putnam Bros.

(Address) 2242 E. Fayette St.

20. FILED 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	

Other contributory causes of importance: Cystitis Chronic Prostatic

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 26, 1938

Where did injury occur? 342 Mondawmin Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Slipping on ice on sidewalk

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Mayo Carver M. D.

Coroner

(Address) 216 Fidelity Bldg

13332 F 43332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Anna Frisoy

(a) Residence: No. 091 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Not Known

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1849

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
89	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Emory Cole

(Address) 2216 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Aberdeen Date: Jan 27 1938

19. UNDERTAKER Elroy O Wilson

(Address) 2210 E Lanvale Ave

Filed 19 Registrar

JAN 27 1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Interest, Autopsy or Inquiry) thereon and (from the evidence obtained by said Inquiry (Interest, Autopsy or Inquiry)) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. H. Cruber M. D.
Coroner

(Address) 2757 W Mul

F 43333

3333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-6 157-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Ronald Cuffley

(a) Residence: No. 3142 Strickland St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma.	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William A. Cuffley

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Mary V. McClelland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary V. McClelland

(Address) 3142 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Jan. 27th 1938

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED 19 Registrar

27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	jan 26
Conjenital heart disease	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Hanna M. D.
Coroner

(Address) 1832 W. Baltimore St.

E 13334

HEALTH DEPARTMENT—CITY OF BALTIMORE

13334

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Fulton Ave 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary D. Snyder

(a) Residence: No. 204 N Fulton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Snyder

7. DATE OF BIRTH (month, day, year) Sept. 6 1854

AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	83	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Dennis Herffner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME OF MOTHER Mary

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Loretta Johnson

(Address) 204 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Jan 29 1938

19. UNDERTAKER Bernard E Burke

(Address) 121 E West St

20. FILED JAN 27 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 at 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28 1937 to Jan 25 1938

I last saw her alive on Jan 25 1938 5.40 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 24
Other contributory causes of importance: Aortic Sclerosis. Prin	12/24/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard E Beach M. D.

(Address) 2229 St Paul St

Dr. E Leonard BEACH - 2229 St Paul St Univ. 5013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13335

11-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2102 Wilkins Ave (Ward) 20-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 19 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles A. McGowan.

(a) Residence: No. 2102 Wilkins Ave Ward. .....

(Usual place of abode) If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L McGowan

7. DATE OF BIRTH (month, day, year) April 5th 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sponger of Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John J Hawson

10. Date deceased last worked at this occupation (month and year) Dec 31 1937

11. Total time (years) spent in this occupation 1080

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Bernard McGowan.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Sarah E. McCoy.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary L McGowan (wife)

(Address) 2102 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral. Jan 28 38

19. UNDERTAKER Bernard E. Harle

(Address) 121 E. West St

20. FILED JAN 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24th 1938

I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to Jan 24 1938

I last saw him alive on Jan 24 1938 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza - Influenza - Pneumonia

Date of onset

Other contributory causes of importance Pulmonary Thrombosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Martin F. C. Hitch M. D.

(Address) 2157 Wilkins Ave

F 43336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E 22nd. St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Clara Hamilton Vogt. If U. S. Veteran specify WAR

(a) Residence: No. 204 E. 22nd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ambrose Vogt.

DATE OF BIRTH (month, day, year) Dec 18th 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	46	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Chas. E. Hamilton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria McDonough

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT (Address) Maria Hamilton 204 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 29th 1938

19. UNDERTAKER (Address) Bernard C. Hurle 121 E. Mt. St.

20. FILED Jan 27 1938 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Jan 25 1938

I last saw her alive on Jan 25th 1938. Death is said to have occurred on the date stated above, at 9.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/20/38
Other contributory causes of importance:	
Myocardial Failure	1/25/38

Was an operation performed? No Date of ~

For what disease or injury? ~

Name of operation ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? ~
If so, specify .....

(Signed) Francis M. Gillis M. D.

(Address) 20 E. Preston St.

Dr. F M GILLIS 20 E PRESTON ST VER 7110

13337

HEALTH DEPARTMENT—CITY OF BALTIMORE

13337

CERTIFICATE OF DEATH

V 122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hosp. St. 18-3 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Misukevicius

(a) Residence: No. 875 Lemon St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) M. Misukevicius

DATE OF BIRTH (month, day, year) June, 1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Europe

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT M. Misukevicius
(Address) 875 Lemon St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/30/27

19. UNDERTAKER Joseph Kaminskas Sons
(Address) 606 E. Washington Blvd

20. FILED JAN 30 1927 Ira Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1927

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1927, to Jan 27, 1927

I last saw him alive on Jan 26, 1927. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	1 week
Uremia	

Other contributory causes of importance:
Generalized peritonitis
Double coronary thrombosis

Was an operation performed? Yes Date of Jan 27, 1927

For what disease or injury? Strangulated Inguinal Hernia

Name of operation Exploratory

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ira Williams, M. D.

(Address) South Baltimore Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43598 — 46-C — 43338

Registered No. .....

1. PLACE OF DEATH: Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4405 Vesta Ave. St. 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs John James (Clara) J. Hudson — If U. S. Veteran specify WAR .....

(a) Residence: No. 4405 Vesta Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of John James Hudson

6. DATE OF BIRTH (month, day, year) Feby 20-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis F. Bowen

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Juliet Shultz

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John J Hudson
(Address) 4405 Vesta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 28 1938

19. UNDERTAKER H. Thurston Sons
(Address) North & Pennsylvania Ave

JAN 27 1938 Arlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/8/38, 19.. to 1/26/38, 19.. I last saw h&e alive on 1/26/38, 19.. Death is said to have occurred on the date stated above, at 7.14 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	1/26/38
Carcinoma of small intestine	1 yr ago

Other contributory causes of importance:

Was an operation performed? Yes. Date of 1/14/38
For what disease or injury? Intestinal obstruction
Name of operation Entero-enterostomy
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Lowe M. D.
(Address) Union Memorial Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43339

CERTIFICATE OF DEATH

✓ 108 F 43339

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 345 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose A. Sillman

(a) Residence: No. 1725 Wilmington Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, ~~widowed, or divorced~~ (or) WIFE of Geo Dillman

DATE OF BIRTH (month, day, year) Jan 7-1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Paul Loose

14. BIRTHPLACE (city or town) (State or country) Germ

15. MAIDEN NAME Rosa Gold

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT (Address) Geo Dillman 1725 Wilmington Ave

18. BURIAL, CREMATION, OR REMOVAL Date 1/21/38

PK

19. UNDERTAKER (Address) Geo Leimbach 5 S N Fremont Ave.

Filed JAN 27 1938 Huntington Williamsport Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1938, to Jan 24 1938

I last saw h.. alive on Jan 24 1938 Death is said to have occurred on the date stated above, at 9:40 AM.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Lobar Pneumonia (Left Lower Lobe)	1/22/38
Other contributory causes of importance: Pulmonary Edema	1/23/38

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) C B Rostling M. D.

(Address) 2623 Washington Blvd

Samuel Session Stiner

3340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131 F 43340

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date ... 19

19. UNDERTAKER
(Address)

JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-14-38, 19..., to 1-24-38, 19...

I last saw h.. alive on 1-24-38, 19... Death is said to have occurred on the date stated above, at 1 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-15-38
Other contributory causes of importance:	
Chronic nephritis	unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St

Huntington Williams, M.D.

43341

HEALTH DEPARTMENT—CITY OF BALTIMORE

43341

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH St Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave St. 25-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Herold a Smith

(a) Residence: No. 812 Uhetta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 6 1915

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mercantile Trust Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerical

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Herold a Smith Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Blanche M Nearing

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Herold a Smith Sr
(Address) 812 Uhetta ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 29 1938

19. UNDERTAKER Harry A Wiske
(Address) 4101 Edmondson ave

1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to Jan 24 1938

I last saw him alive on Jan 26 1938. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset 1-24-38
Diabetes Mellitus — ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lawrence J Shimanek M. D.

(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

43342 43342

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. Dallas St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Clayton

(a) Residence: No. 418 S. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Clayton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dorothy Nash

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edward Clayton

(Address) 17 29 Druid Hill Ave

18. BURIAL, CREMATION OR REMOVAL

Place Mt Auburn Date 1/27 38

19. UNDERTAKER Albert V. Keenan

(Address) 710 Penna Ave

20. FILED By Huntington Williams, Registrar

JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 26, 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to death (Inquest, Autopsy or Inquiry) obtained by said on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	Jan 26
	I

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Nathan Taylor M. D. Coroner

(Address) 1715 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43343 #2319 43343

35-S Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cooper, Katie

(a) Residence: No. 667 Pierce St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) 12/24/1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	56	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Charles Young

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Catherine Nackle

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 27 38

19. UNDERTAKER Lynch Jackson
(Address) 516 Pierce Ave

Filed Jan 27 1938 Huntington Hitt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1937, to 1-24, 1938

I last saw her alive on 1-24, 1938. Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma inguinale	unknown
c rectal stricture	unknown
Recto vaginal fistula	unknown
malnutrition and anemia	unknown

Other contributory causes of importance:

Was an operation performed? yes Date of 12/29/37 & 1/8/38

For what disease or injury?

Name of operation Dilatation of rectum. Biopsy rectum

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43344 E 43344 115-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Erling Madsen

(a) Residence: No. Bergen, Norway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) January 21, 1919

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19 yrs	-	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinary seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Iqaet

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Bergen Norway

13. NAME Mr. Madsen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Miss Inga Madsen

(Address) Bergen, Norway

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan. 28 19 38

19. UNDERTAKER Huntington Williams, Inc.

(Address) 1005 N. Baltimore St.

20. FILED JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 19 38 to Jan. 25 19 38

I last saw him alive on Jan. 25 19 38 Death is said to have occurred on the date stated above, at 7:00 AM

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial bilateral pulmonary abscess — over

Other contributory causes of importance:

Suppurative tonsillitis

Peritonsilar abscess

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nachman Samson M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13345 94-B F 13345

Registered No.

F 13345

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 13-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nathan Heiseman

(a) Residence: No. 2208 Woodberry Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sherley Heiseman

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Jacob Heiseman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Velcner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sherley Heiseman

(Address) 2208 Woodberry Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 1-28-1938

Northern Cem

19. UNDERTAKER Hunting Williams, Inc.

(Address)

Registrar

FILED JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

Probably Coronary Thrombosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) F. K. Sellin, M. D.
Coroner

(Address) 1757 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43346

CERTIFICATE OF DEATH

93-cF 43346

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 East Preston St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Hoffman

(a) Residence: No. 1106 East Preston St., ... Ward.

(Usual place of abode) 49 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Frank Hoffman

7. DATE OF BIRTH (month, day, year) March 9 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Ferguson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lottie Bennett

(Address) 1801 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto Date Jan 29 38

19. UNDERTAKER William Cook

(Address) 1217 St Paul

Huntington Williams, M.D.

20. FILED JAN 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1937 to Jan. 26, 1938.

I last saw her alive on Jan 22, 1938, Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Myocarditis.	

Other contributory causes of importance:

Aortic Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Fitting, M. D.

(Address) 1304 S Chase

F 13347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13347

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2238 Lake Ave. St., ... Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amory Cook

If U. S. Veteran specify WAR

(a) Residence: No. 2238 Lake Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Amy P Cook

7. DATE OF BIRTH (month, day, year): Aug. 12-1882

8. AGE: Years 55; Months 5; Days 14; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager Mills

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Eastern Rolling

10. Date deceased last worked at this occupation (month, day, year): 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (City or town) (State or country): Pennsylvania

13. NAME OF FATHER: Josiah A Cook

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME OF MOTHER: Julia M. Mumma

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mrs Amy P. Cook

(Address) 2238 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL: East Harmony Cem Date Jan 29 38

19. UNDERTAKER: Wellington Cook

(Address) 1217 St Paul Street

20. PLACE OF BURIAL OR REMOVAL: Huntingtown Williamsport Md

DATE RECEIVED JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 38, to Jan 26 38

I last saw him alive on Jan 25 38. Death is said to have occurred on the date stated above, at 3 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Jan 24 38
Central apoplexy	Jan 23 38
Other contributory causes of importance: Cerebral Vascular Disease	2 Yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Ries, M. D.

(Address) 27 E Mosy

Dr Sheppard 1063 Mayfield Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43348

CERTIFICATE OF DEATH

131 F 43348

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 N. Spring St. (Ward) 10-1

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James Jennings

(a) Residence: No. 1209 N. Spring St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jennings

7. DATE OF BIRTH (month, day, year) Mar 14 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER / FATHER

13. NAME J Jennings

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Jennings

(Address) 1209 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/27/38

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED JAN 27 1938 19..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1937 to Jan 25 1938

I last saw h[illegible] alive on Jan 25 1938. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Dec 1937
Other contributory causes of importance: Cardiac Degeneration	Nov 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Douglas Sheppard M. D.

(Address) 1063 Mayfield Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43349

CERTIFICATE OF DEATH

F 43349

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Riggs Ave St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Williams

(a) Residence: No. 1424 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Williams

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	02		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Unknown Virginia

13. NAME Leroy Chewning

14. BIRTHPLACE (city or town) (State or country) Unknown Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Herbert Williams

(Address) 1424 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/28 38

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Greenmount Ave

20. FILED JAN 27 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937 to Jan 24, 1938

I last saw h alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 1615 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Myocarditis	Dec 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. L. Campbell, M. D.

(Address) 639 N. Carey St

HEALTH DEPARTMENT—CITY OF BALTIMORE

43350

CERTIFICATE OF DEATH

108

43350

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Archie Clare

(a) Residence: No. 1454 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12 1888

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 1/23/28

11. Total time (years) spent in this occupation 2 mos

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME Archie Clare

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Brooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edith Sipsomt
(Address) 1454 Vincent Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/28 1928

19. UNDERTAKER Thomas E Kelly
(Address) 1363 Pennsylvania Ave

20. FILED JAN 27 1928 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.24.1928

22. I HEREBY CERTIFY, That I attended deceased from 1/15/28, 19..., to 1/24/28, 19... I last saw h[illegible] alive on 1/24/28, 19... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1.17.28

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Marlboro St

HEALTH DEPARTMENT—CITY OF BALTIMORE

43351 F 43351

CERTIFICATE OF DEATH

29649 38

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emily Johns

(a) Residence: No. 1624 Bruce St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) 12/14/1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Henry Lent

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Esther Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Date 1/29 38

19. UNDERTAKER Thomas E. Kelso
(Address) 303 Braddish Ave

20. FILED JAN 27 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1938, to 1-24, 1938.

I last saw her alive on 1-24, 1938. Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	Unknown

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 43352

352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Weber

(a) Residence: No. not known St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Central District Police

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL Date JAN 27 1938 19

Place

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

Registrar

JAN 27 1938

S 6

3587

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1938

22. I HEREBY CERTIFY, That I took (last) care of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel A. Wolfe Coroner, M. D.

(Address) 133 E. Northern

F 13353

HEALTH DEPARTMENT—CITY OF BALTIMORE

13353

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St.) 16-8 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Pearce

If U.S. Veteran specify WAR ...

(a) Residence: No. 747 Edgewood St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 26, 1938

AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bon Secours Hospital

13. NAME William Pearce

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Fern Bigger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/28 1938

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson ave.
Huntington Williams, N.Y.

20. FILED 1/27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1938 to 1/27/ 1938

I last saw h dr alive on 1/27/ 1938 Death is said to have occurred on the date stated above, at 7.00 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Imbriaghi M. D.

(Address) Bon Secours Hospital

✓ F 43354

43354 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View Hospital St., 16-E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Pearce
If U.S. Veteran specify WAR ...

(a) Residence: No. 747 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26, 1938

7. AGE — Years | Months | Days | If LESS than 1 day 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bay View Hosp.

FATHER

13. NAME William Pearce

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

MOTHER

15. MAIDEN NAME Fern Speir

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 1/28 1938

19. UNDERTAKER Geo. W. Tuttle
(Address) 2700 Edmondson ave.

7 1938 Huntington Williams, Registrar
6 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1938 to 1/27 1938

I last saw her alive on 1/27/ 1938 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. J. Lubyenbie M. D.

(Address) Bay View Hosp.

F 43355

43355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Paynes

(a) Residence: No. 304 N Hugh St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dorothy Black

(Address) 515 Calvert St

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL JAN 27 1938 19

COMMISSIONER OF HEALTH

19. UNDERTAKER

(Address) Per N. A. Moore

Registrar

FILED JAN 27 1938

A 3786 H

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury thereon and from the evidence (Inquest, Autopsy or Inquiry)

Injury And that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-12-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Samuel Hill M. D. Coroner

(Address) 231 S. Howard St

F 13356

13356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Wolfe

(a) Residence: No. 48 Market Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Central District Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 27 1938

19. UNDERTAKER Commissioner of Health
(Address) Per H. E. Moore

20. FILED ... 19... Registrar

3789

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry B. Wolfe M. D.
Coroner

(Address) 1 West Ave

13357 F 13357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Hennessy alias Brimingham If U. S. Veteran specify WAR

(a) Residence: No. 46 Market Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Central District Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 27 1938

19. UNDERTAKER Commissioner of Health
(Address)

Per H. R. Jones
Huntington Williams, M.D. Registrar

27 1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Hyde M. D.
Coroner

(Address) 1331 E. Monument St.

4383 14

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13358 F 13358 X 122-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Franklin D Allen Jr

(a) Residence: No. Della Baltes mt St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 27, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Della Maryland

13. NAME Edgar Allen

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elliana L Clemmons

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Parent

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Field Date Jan. 29 1938

19. UNDERTAKER Eastern Sons

(Address) Ellicott City

20. FILED JAN 27 1938 Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/25, 1938 to 1/26, 1938

I last saw him alive on 1/26, 1938 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction — Date of onset 1/20/38

due to Intussusception

and gangrene of the ileum

Other contributory causes of importance:

Surgical shock

Was an operation performed? Yes Date of 1/25/38

For what disease or injury? Intestinal obstruction

Name of operation Resection of Portion of Ileum & Anastomosis

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George H Davis M. D.

(Address) University Hospital

✓ F 43359

3359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-61

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 12-1 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Wolff Edward Wolff

(a) Residence: No. 2445 Lakeside Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE Anna Wolff

7. DATE OF BIRTH (month, day, year) Feb 22, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Sam Wolff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Wolff
(Address) 2445 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bells Hebrew Cem Date Jany. 28 1938

19. UNDERTAKER Maria Sondheim & Sons
(Address) 1902 Eutaw Place

Filed 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to Jan. 26, 1938

I last saw him alive on Jan. 25, 1938. Death is said to have occurred on the date stated above, at 6.25 A.M.

The principal cause of death and related causes of importance were as follows:

Hypernephroma - R. Kidney. — Date of onset 3/37

Asthenia

Pneumonia Bilateral Aspiration

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Ney M. D.

(Address) Sinai Hospital

3360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13360

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Edmondson Avenue St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Ann Medinger

If U.S. Veteran specify WAR

(a) Residence: No. 1924 Edmondson Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: --------

6. DATE OF BIRTH (month, day, year): Aug. 11, 1875

7. AGE: Years 62 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Frank J. Medinger

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Mary Jane Carles

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Jeannette Lauringer
(Address) 1924 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date 1/29 38

19. UNDERTAKER: Henry H. Mears my Son
(Address) 845 N. Calvert St.

27 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 26 1938

That saw h— alive on Jan 26 1938 Death is said to have occurred on the date stated above, at 3:30 a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic Interstitial
Pulmonary Asthma Edema
Cardiac Asthma

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

Robert A. Nikel M. D.
(Address) 2151 Wilkens Ave.

13361 ✓ F 13361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie M. Kirsch (Mrs. Nathan Kirsch)

(a) Residence: No. 302 Frederick Road St. - Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathan Kirsch

6. DATE OF BIRTH (month, day, year) May 9 - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo C Bugbee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida M Leonard

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Nathan Kirsch

(Address) 302 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 28 1938

19. UNDERTAKER Harry L. Arnold Cook & Son

(Address) 4204 Sidewood Ave

FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-38, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1-25, 1938

Where did injury occur? Highway Lane & Frederick Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Auto vehicle

Nature of injury Fx of skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert Penley Autz M. D.

(Address) 907 N. Charles St Coroner

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

13362 13362

CERTIFICATE OF DEATH

13362 ✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 16-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Webster

If U. S. Veteran specify WAR

(a) Residence: No. 804 Calhoun St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 1 27 38

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED JAN 28 1938 Katie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1938 to Jan 24, 1938

I last saw him alive on Jan 24, 1938 Death is said to have occurred on the date stated above, at 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, bilateral	Oct, 1931

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 10, 1938

For what disease or injury? Enlarged cervical gland

Name of operation Biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, state ...

(Signed) George H. Lenox M. D.

(Address) University Hospital

F 43363

F43363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-43-C

Registered No. 27-8

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. 6101 York Road St. 4 Ward) 6101 York Road
Length of residence in city or town where death occurred yrs 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Richard Scoggins
(a) Residence: No. 6101 York Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode) No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Catherine Viola Scoggins

6. DATE OF BIRTH (month, day, year) September 27 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in sea food
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Joseph C. Scoggins
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Elnora Jane Myers
16. BIRTHPLACE (city or town) (State or country) York Rd

17. INFORMANT (Address) Catherine Viola Scoggins 6101 York Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 29th 1938

19. UNDERTAKER (Address) Wm Cook 127 St Paul St

JAN 28 1938 Funeral Director Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1938 to Jan 27 1938
I last saw him alive on Jan 27 1938 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	Over
Other contributory causes of importance:	
Senile Paresis	

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eldred Roberts M. D.
(Address) 6010 York Road Balto Md

3364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43364

CERTIFICATE OF DEATH

9-7 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Hartford Ave St., 9-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frank X Prem

(a) Residence: No. 2522 Hartford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah Virginia Prem

6. DATE OF BIRTH (month, day, year): Feb 11th 1863

7. AGE — Years: 74 — Months: 11 — Days: 15 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pa R.R. Co

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Stephen G. Prem

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Sarah Virginia Prem
(Address) 2522 Hartford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Jan 29th, 1938

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar
JAN 28 1938 Huntington Avenue, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1908 to Jan 26, 1938

I last saw h[illegible] alive on Jan 26, 1936. Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 d
Senile Arteriosclerosis	10 yrs
Myocarditis	6 yrs
Other contributory causes of importance: Chronic Interstitial Nephritis	10 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation: None Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Thos. F. A Stevens M. D.
(Address) 2878 Harford Rd

13365 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13365

CERTIFICATE OF DEATH

V 16W-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3403 O'Donnell St. H-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Leroy Brandt

(a) Residence: No. 3403 O'Donnell St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Jan 27 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Leroy Earle Brandt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME anna margaret Zachert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Leroy E Brandt

(Address) 3403 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 28 1938

19. UNDERTAKER George H. Zickler

(Address) 1539 E Eager St

20. FILED ... 19... Registered No. ...

JAN 28 1938 Awaiting for Witness, MC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27. 1938 to Jan. 27. 1938 I last saw him alive on Jan 27. 1938 Death is said to have occurred on the date stated above, at 2.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Primary)	1/27/38
Other contributory causes of importance:	

Was an operation performed? Unknown Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Hocon M. D.

(Address) 4904 Harrison Ave

43366 HEALTH DEPARTMENT—CITY OF BALTIMORE 43366

CERTIFICATE OF DEATH N 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Marian Riggin

(a) Residence: No. Crisfield Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J Ross Riggin

7. DATE OF BIRTH (month, day, year) Jan. 15/66.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

13. NAME John W. Byrd

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

15. MAIDEN NAME Sallie M. Cullen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Rev. E Cranston Riggin 95 College Ave. Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Crisfield Date Jan. 30, 1938

19. UNDERTAKER (Address) J. Lawson Crisfield Md.

20. FILED JAN 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/24/38. 19 ... to 1/27/38. 19 ...

I last saw her alive on 1/27/38. 19 ... Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

HYPERTENSION — Date of onset

CARDIAC DILATION

Other contributory causes of importance:

SUBDURAL HEMORRHAGE — 1/24/38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter E. Kaufman M. D.

(Address) University Hospital

M. D. B 1268-9

3367 HEALTH DEPARTMENT—CITY OF BALTIMORE 3367

CERTIFICATE OF DEATH

XV 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Crosby

(a) Residence: No. 653 W. Fayette St., (1 mile from Catholic Church) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Sept 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bus driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER FATHER

13. NAME: Joseph Crosby

14. BIRTHPLACE (city or town) (State or country): United States

15. MAIDEN NAME: Belle Taylor

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT (Address): Records U.S. Marine Hosp. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore National Cemetery Date: Jan 28 1938

19. UNDERTAKER (Address): Sol Levin & Bros 1124-26 W. Hoffman St.

20. FILED 19 Registrar

JAN 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Fractured skull	1-26

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 1/26, 1938

Where did injury occur? Fayette & Schroeder Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How did injury occur? Fell from Bus driver while bus was in motion

Nature of injury Fx skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Henry Auto, M. D. Coroner

(Address) 907 N. Calvert

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13368 — F 13368 — 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 Eagle St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Kramer

If U. S. Veteran specify WAR

(a) Residence: No. 2135 Eagle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year): May 25 / 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pants operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Morris Kramer

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Ida

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Tillie Kramer

(Address) 2135 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Herzing Rem. Date: Jan 28 38

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1124-26 W North ave

20. FILED ..., 19... Registrar.

JAN 28 1938 Deputy for Williams, Z

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to January 27, 1938

I last saw him alive on January 27, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Coronary Thrombosis	3 yrs ago
Other contributory causes of importance:	
Acute cardiac dilatation	1 day

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no ... If so, specify ...

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens ave

F 43369 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 43369

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Levindale — Registered No. .....

CITY OF BALTIMORE: (No.) Hebrew Home for Aged & Infirm (St.) ..... (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Charles Cohen — If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Freemason St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Fannie Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Kunstadt

(Address) Belvedere & Freemason Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Bend to Hebrew Date 1-28 19 38

19. UNDERTAKER Sol Levin & Bro

(Address) 1439 E. Baltimore St

20. FILED JAN 28 1938 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 , 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/23, 1929, to 1-27, 1938

I last saw h.. alive on 1-26, 1938. Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	1-26-38
Hypertensive cardio-vascular disease	

Other contributory causes of importance:

Chr Bronchitis
Emphysema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

3370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13370

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Brewer St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Knust

(a) Residence: No. 1109 Brewer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Knust

6. DATE OF BIRTH (month, day, year): 1880

7. AGE: Years 58 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: George Fisher

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Fisher

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Laverina James

(Address) 111 Forrest St

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Rest Date 1/31/38

19. UNDERTAKER: Adolphus Halsted

(Address) 918 Druid Hill Ave

20. FILED JAN 28 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence [illegible] (Inquest, Autopsy or Inquiry)

[illegible] (Inquest, Autopsy or Inquiry)

[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 27 1938
Other contributory causes of importance: Hypertension Essential	about Jan 1-38

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 850 Fairmount St.

V S 6

13371 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13371

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Schroeder St. Ward) 14-1 V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Dorothy Rose Williamson

If U.S. Veteran specify WAR

(a) Residence: No. 437 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Williamson

6. DATE OF BIRTH (month, day, year): Jan 30th 1915

7. AGE — Years: 23 | Months: 11 | Days: 26 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: George Rose

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Rosa Bowie

16. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

17. INFORMANT: Mrs. Mary Rose
(Address) 437 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place: Montgomery Co Md Date: Jan 29, 1938

19. UNDERTAKER: Mrs Katie R Williams
(Address) 322 N Schroeder St

Date: JAN 28 1938 Huntington Williams, U.D.
(Signature of Undertaker or Licensed Assistant)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/25/38, 19 to 1/26/38, 19 that I saw h[illegible] alive on 1/26/38, 19 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and contributory causes (if any) in order of importance were as follows:

Pneumonia 1/26/38
Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Slade M. D.

(Address) 42 W Madison

13372 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13372

CERTIFICATE OF DEATH 29885--REW

1. PLACE OF DEATH 349 - 1154 Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Brown If U. S. Veteran specify WAR .....

(a) Residence: No. 902 Pine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/3/1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 28, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED JAN 28 1938 [illegible] Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1938, to 1-23, 1938

I last saw him alive on 1-23, 1938. Death is said to have occurred on the date stated above, at 7.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonsillar abscess	unknown
Ludwigs angina	2 weeks
Broncho Pneumonia	four days

Other contributory causes of importance:

Was an operation performed? Yes (4) Date of 1/13, 1/20, 1/22

For what disease or injury? Ludwigs angina, Abscess neck

Name of operation Incision & Drainage Abscess neck Tracheotomy

What test confirmed diagnosis Surgery Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) LK - Woodward Jr. M. D.

(Address) Balto. City Hosp.

JAN 28 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13373

CERTIFICATE OF DEATH

163

F 13373
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Eye & Ear Hospital St., 18-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town, where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Taylor Blackford (U. S. Veteran — Specify WAR)
(a) Residence: No. 3108 N. Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Reynolds Blackford
6. DATE OF BIRTH (month, day, year): June 6 - 1881.
7. AGE: Years 56 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Wm Taylor
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Carlisle
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs. Annie M Taylor 433 Roscroft Ter
18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Date: Jan 28 1938
19. UNDERTAKER (Address): H. J. Rupprecht & Sons Mount Vernon
20. FILED: JAN 28 1938 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25, 1938
22. I HEREBY CERTIFY, That I last saw the deceased alive on ... (Inquest, Autopsy or Inquiry) ... and that said deceased came to ... death on the day stated above. 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar Influenzal	
Fluoride S	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury Jan 25, 1938
Where did injury occur? 3108 N. Rogers Ave. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: In home
Manner of injury: Fell (Lobar Influenzal)
Nature of injury: Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) A. Penn Clarmey M. D. Coroner
(Address) 1215 Fremont

E 13374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13374

CERTIFICATE OF DEATH

16-8 93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 Lemard St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Kraft

(a) Residence: No. 745 Lemard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lena C. Kraft

6. DATE OF BIRTH (month, day, year) Jany 4th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter of Ladies Dresses

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Kraft

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kramm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Lena C Kraft 745 Lemard St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan. 29 38

19. UNDERTAKER (Address) H. H. Brother Sons Norwood Ave

20. FILED JAN 28 1938 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1938 to Jan 26. 1938

that last saw person alive on Jan 26 1938 Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia Myocarditis.	1-25-38 several days
Other contributory causes of importance: Arteriosclerosis & Senility.	Jan 1-37

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Shorlet Blake M. D.

(Address) Med Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43375

CERTIFICATE OF DEATH

F 43375

Registered No. 192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospital (Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Phoebe Smith

(a) Residence: No. 1810 Chesapeake Ave, Fairfield, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John Smith

6. DATE OF BIRTH (month, day, year) Dec. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Samuel Chaney

14. BIRTHPLACE (city or town) (State or country) Harford Co, Md.

MOTHER

15. MAIDEN NAME Bessie Bond

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 28 1938

19. UNDERTAKER Robert H. Williams

(Address) 1215 McElderry St

20. [redacted] 19 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1938 to Jan 27 1938

I last saw her alive on Jan 27 1938 Death is said to have occurred on the date stated above, at 7:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	[redacted]
acute cholecystitis	
Other contributory causes of importance:	
myocardial degeneration	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wallis Sherrington M. D.

(Address) 201 N. Carey St.

F 43376

43376 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Fleet St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME John Gruntkowski

(a) Residence No. 1818 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gruntkowski

7. DATE OF BIRTH (month, day, year) 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Mrs) Mary Gruntkowski

(Address) 1818 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL

Holy Rosary Date 1/2 1938

19. UNDERTAKER John H. Weber

(Address) 401 S. Chester St

20. FILED JAN 28 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23. 1938 to Jan. 26. 1938

I last saw him alive on Jan. 26. 1938 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10-5-37
Other contributory causes of importance: Acute Cardiac Dilatation	1-26-38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P.S.A.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) John V. Sperbeck M. D.

(Address) 1802 Edastern Ave.

13377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13377

CERTIFICATE OF DEATH

349-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 2-2- Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? 1 yrs. mos. ds.

2. FULL NAME Vincent Costello

If U. S. Veteran specify WAR

(a) Residence: No. 1715 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie

6. DATE OF BIRTH (month, day, year): 9-26-1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Louis ?

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Constance Acneco

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): U. S. n. Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jan 28. 38.

19. UNDERTAKER (Address): Wendell F. Hyatt 1405 E. Eager St

29. FILED 28 1938 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 26 1938

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1938, to January 26, 1938

I last saw h[illegible] alive on January 26, 1938 Death is said to have occurred on the date stated above, at 1.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-20-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. A. de Lalla M. D.

(Address) Baltimore City Hospitals

13378 13378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1303 S. Ponca St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Joseph Schmidt Jr

(a) Residence: No. 1303 S. Ponca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen G. Schmidt

6. DATE OF BIRTH (month, day, year) Oct. 18, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John Joseph Schmidt Sr

14. BIRTHPLACE (city or town) Czechoslovakia (State or country)

MOTHER

15. MAIDEN NAME Mary Fladung

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Helen G. Schmidt
(Address) 1303 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Jan. 31 1938

19. UNDERTAKER George W. Pinkett
(Address) 1737 E. Eager St.

Filed Jan 31 1938 Thomas Williams, Jr. Registrar.

28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Jan 27, 1938.
I last saw him alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Gradual
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas Tilton M. D.
(Address) 315 S. Highland Ave

F 43379

13379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 E Fairmount Ave. 6-1 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Ritter

(a) Residence: No. 3101 Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Ritter

6. DATE OF BIRTH (month, day, year) Sept. 5th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) High Seas. U.S. Citizen

FATHER

13. NAME John Ritter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Aberta
(Address) Fort Howard

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 30th 1938

19. UNDERTAKER Fred. Lashaw & Son
(Address) 7401 Ritchie Hwy

20. FILED JAN 28 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3- 1938 to 1-27 1938

I last saw him alive on 1-24- 1938 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension heart disease arteriosclerosis	?

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Gorsuch M. D.

(Address) 14 N Gay st.

M. D. H. 1268-9

F 43380

43380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 609 Pinkridge Rd. St., 27-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Krewer

(a) Residence: No. 609 Pinkridge Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Joseph H. Krewer

6. DATE OF BIRTH (month, day, year) Feb. 19 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~80~~ ?
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Charles Roberts
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Elizabeth Reinicke
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Mary E. Louis
(Address) 609 Pinkridge Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/29/38

19. UNDERTAKER Jno. G. Ingram
(Address) 3000 E. Baltimore
Huntington Williams

8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1938 to Jan. 27 1938
I last saw h. alive on Jan. 26 1938 Death is said to have occurred on the date stated above, at 7:05 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis.	1/27/38
myocardial insufficiency	1/27/38

Other contributory causes of importance:

senile + arterial degeneration	?

Name of operation — Date of —
What test confirmed diagnosis? Physical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Dorbal M. D.
(Address) 447 N. Kenwood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43381

CERTIFICATE OF DEATH 29437 95 B F 43381

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara Romeo

(a) Residence: No. 12 S. Washington St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married (Sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel (Sep)

6. DATE OF BIRTH (month, day, year) 11-29-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Frank (S) BoVa.

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary (D)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records of Balto. City hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 27 38

19. UNDERTAKER Martin W. C. Doppel
(Address) 31 S Linn St.

[redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1937 to January 26, 1938

I last saw her alive on January 26, 1938. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	about [illegible]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santibe M. D.

(Address) Baltimore City Hospitals

13382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13382

CERTIFICATE OF DEATH

71-a

Registered No.

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Annie Cummings

(a) Residence: No. 118 S. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late John T. Cummings

7. DATE OF BIRTH (month, day, year) Sept 3, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dedrick Fedreman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Helen C. Smith

(Address) 118 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/31/38

19. UNDERTAKER John J. Cowan & Son.

(Address) 901 W. Fallsway St

20. FILED ... 19... Registrar

JAN 28 1938 Pauline Tyl Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1938 to Jan. 27, 1938

I last saw her alive on Jan. 27, 1938 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lawrence J. Steinmetz M. D.

(Address) St. Agnes Hospital

13383

HEALTH DEPARTMENT—CITY OF BALTIMORE

13383

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 Cleveland St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1160 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas M. Clark

6. DATE OF BIRTH (month, day, year) Nov 24 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME James Regan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Regan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Thomas M. Clark
(Address) 1160 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/31/38

19. UNDERTAKER John J Cowan & Son
(Address) 1401 Walbert ave

20. FILED JAN 28 1938 Hester Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Jan 27 1938

I last saw h... alive on Jan 26 1938. Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	over
Auricular Fibrillation	1-25-37

Other contributory causes (if importance):

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lowe Glass M. D.

(Address) 926 Hollins St

13384 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13384

CERTIFICATE OF DEATH

20-2 ✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 26 N. Smallwood St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary T. Woollen

(a) Residence: No. # 26 N Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late John Joseph Woollen

6. DATE OF BIRTH (month, day, year) Febry 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Mannion

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Elizabeth Parkins

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Nora Mannion

(Address) # 26 N Smallwood Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1 / 29 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED 1-29-1938 E. Williams, Registrar.

1-28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Jan 26 1938.

I last saw her alive on 1/26 1938. Death is said to have occurred on the date stated above, at 3.45 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Catarrh of Jaundice — Date of onset

Other contributory causes of importance: Nephritis Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel L. Rhoads M. D.

(Address) 1946 W. Mulberry St.

Rev.—12-23-21—E.B.R.S.—400 Blks.

43385 HEALTH DEPARTMENT—CITY OF BALTIMORE CF 43385

CERTIFICATE OF DEATH. 93-7

Registered No.

1-PLACE OF DEATH
City of BALTIMORE (No. 506 S. Macon St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances E. McCauley

(a) Residence No. 506 S. Macon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced, (Write the word) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennie McCauley

7-DATE OF BIRTH (month, day and year) Dec 25, 1863

8-AGE 75 yrs. 1 mos. 2 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer) md.
(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country).

PARENTS

10-NAME OF FATHER. Joseph McCauley
11-BIRTHPLACE OF FATHER (city or town) (State or Country). md.
12-MAIDEN NAME OF MOTHER. Sedora Prestar
13-BIRTHPLACE OF MOTHER (city or town) (State or Country). md.

11- (Informant) Jennie McCauley
(Address) 506 S. Macon St.

JAN 28 1938 192 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-27-38

17- I HEREBY CERTIFY, That I attended deceased from Jan 24 1938 to Jan 26 1938

That I last saw h/ in alive on Jan 26 1938 6 p.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

or Cerebral Embolism

(Duration) yrs. mos. 1 wk.

Chronic Hypertension & Arteriosclerosis

(CONTRIBUTORY) (Duration) yrs. mos. 6-7 yrs

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

Signed Fisher M. Greenberg M.D.

19 (Address) 4 W. Franklin

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. 1/31 1938

20-UNDERTAKER. Richard F. Cearley ADDRESS 700 E. North ave

E 43386

43386 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

#29891

SF

CERTIFICATE OF DEATH 62

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME George Wagner or John Wagner

If U. S. Veteran specify WAR

(a) Residence: No. 712 W. West St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8/16/1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	65	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan 29 38

19. UNDERTAKER Ambrose Inc.

(Address) 1017 W. Lexington St.

20. FILED JAN 28 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 12 1938, January 29, 1938

I last saw h[illegible] alive on January 27, 1938. Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	1-1-38
Other contributory causes of importance: Arteriosclerotic heart disease	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Mc Laughlin M. D.

(Address) Baltimore City Hospitals

13387 F 13387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, MD. Registered No. 131

CITY OF BALTIMORE: (No. 36-4 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Cadell

If U. S. Veteran specify WAR World War

(a) Residence: No. 2567 W. Baltimore St., Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

7. DATE OF BIRTH (month, day, year) Sept. 12, 1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Structure Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired from Army

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Wm. E. Cadell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine C. Barrington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Natl. Cem. Date Jan 31 1938

19. UNDERTAKER Hardy & Gould (Address) 2427 Eutaw Place

20. FILED JAN 28 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1938, to January 26, 1938.

I last saw him alive on January 26, 1938. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	unknown
Heart disease, hypertensive	"
Arteriosclerosis, general	"

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13388 — CERTIFICATE OF DEATH — 93-cF 13388

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E Shabek — If U.S. Veteran specify WAR

(a) Residence: No. 4211 Seidel Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony Shabek

6. DATE OF BIRTH (month, day, year) Jan 24, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 36.		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Christian Christian

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth Rosario

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Anthony Shabek

(Address) 4211 Seidel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Date Jan 29 1938

19. UNDERTAKER Chenoweth Sons

(Address) 3615-17 Che[illegible]

JAN 28 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938 to Jan 27, 1938

I last saw her alive on Jan 26, 1938 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis & myocarditis Interstitial auricular fibrillation	"/37
Other contributory causes of importance: Cerebral accident (embolism)	1/27/38

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert F. Gunderheimer, Jr. M. D.

(Address) Sinai Hospital

13389 F 13389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 16881--CM

V 10 7-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 2353 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Ludwitzke

(a) Residence: No. unknown (Usual place of abode) (Daughter) 1513 Hanover St., ... St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ludwitzke

6. DATE OF BIRTH (month, day, year) April 5, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0087)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Drerer (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Schriver (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 29 1938

19. UNDERTAKER A. Kraus & Sons

(Address) 1400 Eastern Ave

JAN 28 1938 Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 26, 1938

I last saw her alive on January 26, 1938 Death is said to have occurred on the date stated above, at 11.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13390 — CERTIFICATE OF DEATH — 82-a F 13390

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Rogers Ave (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George H. Cook

(a) Residence: No. House for the Aged of Little Sisters of the Poor St., M E Church Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Helen Barton Cook

6. DATE OF BIRTH (month, day, year) Aug 10-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James H. Cook

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Elizabeth Dickle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Jan 29 38

Place Loudon Park

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

Huntington Williams Mgr

(Signature of Funeral Director)

JAN 28 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 20, 1938 to Jany 27, 1938

I last saw him alive on Jany 26, 1938. Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	—
	—
	—
Other contributory causes of importance: Arteriosclerosis	—

Was an operation performed? No Date of ✓

For what disease or injury? No.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. C. Shannon M. D.

(Address) 700 N. Fulton Ave

F 43391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30155 (M) 107-a

F 43391

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles S. Price,

(a) Residence: No. 2027 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 6/18/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 047

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles S. Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Pierce

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Covington Va. Date 1/29 1938

19. UNDERTAKER Wilson & Son
(Address) 1217 E. Coal St. Huntington, W. Va.

20. FILED JAN 28 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1938 to January 27, 1938.

I last saw h alive on January 27, 1938. Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. de Saulles M. D.

(Address) Baltimore City Hospitals

3392

HEALTH DEPARTMENT—CITY OF BALTIMORE B 13392

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH South Balto Gen. Hosp. St. 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Kenneth Eckles

(a) Residence: No. 1623 Covington St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4 30 27

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lloyd Eckles

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah C. Clarence

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lloyd C. Eckles
(Address) 215 Grant St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. 1/31/38

19. UNDERTAKER Hugh A. Laughlin
(Address) 3 E. Eager St

20. FILED 1/28 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1938 to 1-27-1938

I last saw him alive on 1-27-1938 Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	1-12-38
Lobar Pneumonia - right lower lobe	1-20-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Krall M. D.

(Address) South Balto. Gen. Hosp.

M. D. F. 1268-0

F 43393

43393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Hodgkins

(a) Residence: No. 4007 Belvidere Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Sq Hosp Balto Md.

FATHER

13. NAME John Hodgkins

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Leather

16. BIRTHPLACE (city or town) (State or country) Canton.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

UNIVERSITY MEDICAL SCHOOL JAN 28 1938

19. UNDERTAKER

(Address) For L. A. Sisco

28 1938 Huntington, Williams, W. Va.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938 to Jan 27, 1938

I last saw h. ~~in~~alive on Jan. 27, 1938 Death is said to have occurred on the date stated above, at 7:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease (probable)	1-27-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Sodaro, M. D.

(Address) Franklin Sq Hospital

43394 F 43394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6004 Falls Road St., ... Ward)

Length of residence in city or town where death occurred 53 yrs. — mos. 8 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Annie Marie Chalk — If U. S. Veteran specify WAR —

(a) Residence: No. 6004 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William R. Chalk

6. DATE OF BIRTH (month, day, year) Jan. 8-1885

7. AGE: Years 53 | Months — | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00"7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John J. Rehm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William R. Chalk
(Address) 6004 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 29. 1938

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED Huntington Williams, Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26. 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17 1937 to Jan 26 1938

I last saw her alive on Jan 26 1938. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis, with general arteriosclerosis	1933
Other contributory causes of importance:	
Cerebral thrombosis	Jan 26 38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ....If so, specify .....

(Signed) Robert L. Mitchell, M. D.

(Address) 211 Mercantile Bank Building

43395 HEALTH DEPARTMENT—CITY OF BALTIMORE F 43395

CERTIFICATE OF DEATH X122-a

1. PLACE OF DEATH Maryland General Hospital 3 Registered No.

CITY OF BALTIMORE: (No. St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. Shauck If U. S. Veteran specify WAR —

(a) Residence: No. Freeland, Md. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther E. Shauck

6. DATE OF BIRTH (month, day, year) May 2-1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Freeland Maryland

FATHER

13. NAME Jacob Shauck

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mariah Shriver

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Esther E. Shauck
(Address) Freeland, Md. R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL Middletown Cem. (Balto Co.) Jan. 29- 38

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED JAN 28 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1938 to 1-26, 1938

I last saw him alive on 1-26, 1938. Death is said to have occurred on the date stated above, at 6:28 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Rt. Inguinal Hernia	1-18-38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-22-38

For what disease or injury? Strangulated Rt. Inguinal Hernia

Name of operation Resecting Ileum, Ileostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Dearnaley Jr. M. D.

(Address) Md. Emil Hosp.

43396

HEALTH DEPARTMENT—CITY OF BALTIMORE

43396

CERTIFICATE OF DEATH

16-5 / 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Mt. Holly St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Mary Sewell

(a) Residence: No. 714 Mt. Holly St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A.P. Sewell

6. DATE OF BIRTH (month, day, year) Aug. 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Strattner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Stella Bowersox

(Address) 714 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 29. 1938

19. UNDERTAKER Frederick A. Colz

(Address) 1200 W Lombard St

20. FILED ..... 19..... Registrar.

Jan 28 1938 Huntington Williams, M.D.

1-4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27. 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/-1 1937 to 1/27. 1938

I last saw h. alive on 1/27. 1938 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of Mitral Aortic	
Other contributory causes of importance: Cardiac Decompensation	6/1-37

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify ..... No

(Signed) Chas A Cochrane M. D.

(Address) 2145 N Balto St

F 13397

13397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Berkshire Road 7-1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Margaret Rosenbauer

(a) Residence: No. 3213 Berkshire Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bruno Rosenbauer

6. DATE OF BIRTH (month, day, year) Nov. 18. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frederick Vollbracht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bruno Rosenbauer
(Address) 3213 Berkshire Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 29 1938

19. UNDERTAKER Wm. Wm. John W. Gentleman
(Address) 801 W. Baltimore

20. FILED ... 19 ... Registrar ...

JAN 28 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1938 to Jan 27 1938.

I last saw her alive on Jan 27 1938. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Jan 27

Other contributory causes of importance:
Hypertension

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Physical Signs

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) F. C. Heuer M. D.

(Address) 1301 N Park

43398 F 43398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Church Home & Infirmary St. 13-W Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Katie Tyler

(a) Residence: No. 3106 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of Edgar Tyler

6. DATE OF BIRTH (month, day, year) Dec 4th 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joseph Newman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babetta Lauman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John P. Schamuel
(Address) 4001 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 31st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.
~~Huntington Williams, M.D.~~

JAN 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1938

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1938 to Jan 28 1938

I last saw h~~e~~r alive on Jan 28th 1938 Death is said to have occurred on the date stated above, at 6:10 A.m.

The principal cause of death and related causes of importance were as follows:

Cancer (Uterus) — Date of onset 2 yrs.

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No ...If so, specify —

(Signed) Wesley J. Katz M. D.
(Address) Church Home & Inf.

13399 HEALTH DEPARTMENT—CITY OF BALTIMORE 13399

CERTIFICATE OF DEATH

108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E Lyon St. 22-1 Ward)

Length of residence in city or town where death occurred 78 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Sherbert

If U.S. Veteran specify WAR. No Record

(a) Residence: No. 6 E Lyon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Ann M. Sherbert

6. DATE OF BIRTH (month, day, year) May-14-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

FATHER

13. NAME John Sherbert

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME Sarah Ann Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

17. INFORMANT Marie M. Brown

(Address) 6 E Lyon St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 31st 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Huntington Williams, M.D.

9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-10 1937 to 1/28 1938

I last saw h alive on 1/27 1938 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial acute Lobar Pneumonia 3 days	

Other contributory causes of importance: Chronic Myocarditis Arteriosclerosis Nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Schneider M. D.

(Address) 12 W Lee

13400 ✓ F 13400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Ellamont St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma C. Louis

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1903 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, or ~~divorced~~, (or) WIFE of William T. Louis

6. DATE OF BIRTH (month, day, year) Feb 27 1866 about

7. AGE: Years: about 71 | Months: 11 | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John L. Bishop

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Wm A. Kinstler

(Address): 1903 Ellamont st

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Jan 31st 1938

19. UNDERTAKER: Wm Cook

(Address): 1217 St. Paul st

20. FILED: Huntington Williams, M.D.

9 1938 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1938 to June 27 1938

I last saw her alive on Jan 27 1938 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	12 yrs
Other contributory causes of importance: Acute Decompensation of heart	6 days
Oedema of lungs	

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles E. Clark M. D.

(Address) 3214 Piedmont ave

F 43401

43401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Tamer St 25-3 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Cooper If U.S. Veteran specify WAR or Regular

(a) Residence: No. 2317 Tamer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~: HUSBAND of (or) ~~WIFE of~~ Mary S. Cooper

6. DATE OF BIRTH (month, day, year) Nov 25th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Air Brake Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. Co

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alfred Cooper

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Margaret A. Markett

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) George W. A. Cooper 2317 Tamer St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan 31st 1935

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED Jan 31 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16th 1935 to Jan 27th 1935

I last saw him alive on Dec 26th 1934. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 Chronic Nephritis and Arteriosclerosis Kidney	4/1/35
Other contributory causes of importance: Heart Failure	1/27/35

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J E Poulton M. D.

(Address) 3909 Garrison Blvd

3402 F 43402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. MARINE HOSPITAL, BALTIMORE, Md.

CITY OF BALTIMORE: (No. ..... St. 57-1 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. 7 mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Squire

(a) Residence: No. 4300 Belair Rd., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Jan. 20, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 1-17-38

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Minhu, Portugal

FATHER

13. NAME Domingo Squire

14. BIRTHPLACE (city or town) (State or country) Minhu, Portugal

MOTHER

15. MAIDEN NAME Joaquina Souza

16. BIRTHPLACE (city or town) (State or country) Minhu, Portugal

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 29 1938

19. UNDERTAKER H. Sander & Son Inc Harry F. Sander
Baltimore St. & Broadway

20. FILED 1938 Registrar.

29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937 to January 26, 1938

I last saw him alive on January 26, 1938. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1933
Hemorrhage, pulmonary	1-26-38

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. B. Anderson M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M. D. P. 1268-9

F 43403

43403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. Ward) 4300-6

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Winter Holmes

(a) Residence: No. 400 S. Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Elizabeth T. Holmes

6. DATE OF BIRTH (month, day, year): Nov. 5-1883.

7. AGE: Years 54 | Months 10 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Transfer Business Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coals

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Thomas Holmes

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Isabella Evans

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Wm. William Holmes

(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/29/38 19

19. UNDERTAKER: S. B. Hopper & Son

(Address) 1300 Eutaw Place

1/29/38 Hunter Williams, Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938 to Jan. 26, 1938

I last saw him alive on Jan. 26, 1938 Death is said to have occurred on the date stated above, at 2:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (bilateral)	1-22-38
Acute coronary occlusion	1-26-38

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. J. Buddington M. D.

(Address) Franklin Sq. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43404

CERTIFICATE OF DEATH

107-a 29811 (MB) F 43404

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Fletcher

(a) Residence: No. 104 N. Patterson Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/24/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Wesley (d)

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Maria Harrison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Jan 28 1938

19. UNDERTAKER John G. Waller Sons
(Address) 1334 Eutaw Pl. Baltimore, Md.

JAN 29 1938 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1938

22. I HEREBY CERTIFY, That I attended deceased from January 10 1938 to January 27 1938.

I last saw h.. alive on January 27 1938. Death is said to have occurred on the date stated above, at 9:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-10-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical Was there an autopsy? Yes

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. de Lautalle M. D.

(Address) Baltimore City Hospitals

F 3

F 43405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 43405

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Klitt

If U. S. Veteran specify WAR

(a) Residence: No. 3611 Belair Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude.

6. DATE OF BIRTH (month, day, year) 1857

7. AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House painter

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas Klitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Weber

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Date Jan. 29 1938

19. UNDERTAKER Wm. J. Wells

(Address) 2534 Jefferson St.

20. FILED JAN 29 1938 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27/1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1938 to Jan. 27 1938

I last saw him alive on Jan. 27 1938 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal disease	1937
Other contributory causes of importance: Uremia	1 wk
furunculosis	2 wks

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) S. Edwin Muller M. D.

(Address) Mercy Hospital

13406 ✓ F 13406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor — Registered No. .....

CITY OF BALTIMORE: (No. 1200 Valley St. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Mc Eighe — If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9 July 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 11	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Louis, Mo.

FATHER

13. NAME Patrick Mc Eighe

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Bridget Curran

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 28 1938

19. UNDERTAKER Rita Windfield
(Address) 914 Greenmount Ave

20. FILED 1-28-38 Registrar.

1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Jan 28 1938

I last saw him alive on Jan 27 1938. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Arteriosclerosis	?
Myocarditis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. Mc Carter, M. D.

(Address) 1104 Hartford Ave

H

F 43407

43407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Loudon Ave. St. 164 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Louise Lammers

(a) Residence: No. 604 N. Loudon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Phillip J. Lammers

6. DATE OF BIRTH (month, day, year) July 25, 1865.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME George Berg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Drome

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Miss Elizabeth Lammers, (Address) 2521 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Jan. 31, 1938

19. UNDERTAKER (Address) 4101 Edmondson Ave

20. FILED 19 Registrar.

29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to Jan 27 1938

I last saw h alive on Jan 27 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Other contributory causes of importance: Cardiac failure	1937
Due to	

Was an operation performed? Date of

For what disease or injury?

Name of operation Cranial syphilis Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Berke M. D.

(Address) 2435 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43108 — 94 EF 43108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Annapolis Rd St. 18 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Lillian M.Gerwig

(a) Residence: No. 240 N.Schroeder St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F.Gerwig

6. DATE OF BIRTH (month, day, year) Aug.31, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. E.Cadell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Katherine Harrington

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT H.F.Gerwig

(Address) 240 N.Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 29 1938

19. UNDERTAKER J. Vernon Leehner

(Address) 230 Edmondson Ave

Huntington Williamsburg, N.Y.

JAN 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to ... Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) ... Coroner, M. D.

(Address) 2357 W Lan

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W F 43409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 E. Chase St., 8-3 Ward)

Registered No. 82-W F 43409

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace P. Fletcher

If U. S. Veteran specify WAR ...

(a) Residence: No. 2728 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of C. Walter Fletcher

6. DATE OF BIRTH (month, day, year) Oct 31-1877 Oct 31-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 60	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md

FATHER

13. NAME John Vickers

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md

MOTHER

15. MAIDEN NAME Sarah Cahall

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Mildred Rizer
(Address) 2728 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 1/31 1938

19. UNDERTAKER Durward G. Covington
(Address) 214 W. 20th St.

JAN 29 1938

19 ... (Signature) ...

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1930 19 ... to Jan 28 38 19 ...

I last saw her alive on Jan 28 38 19 ... Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1930
	7 yr

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry B. Kelly M. D.

(Address) 1 W. Hyson

13110 22 F 43110

S396 22

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth White

If U. S. Veteran specify WAR

(a) Residence: No. 921 St. Paul St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5/07

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Lewis R. White

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME [illegible] Applegate

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Irving Park Iowa Date Jan 30 1938

19. UNDERTAKER John A. Mitchell & Sons

(Address) 900 Eastern Ave

29 1938 [illegible] Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1938 to Jan 28 1938

I last saw her alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 930 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1922
Other contributory causes of importance	
Acute moderate pt foot	Jan 1928

Was an operation performed? Yes Date of 1/10/28 1/22/28

For what disease or injury? Diabetes mellitus & pt foot

Name of operation Amputation R. thru metat. & pt foot

What test confirmed diagnosis? Clinical signs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sarah M. Boardman M. D.

(Address) Johns Hopkins Hospital

13111 F 13111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor 10-1

CITY OF BALTIMORE: (No. 120 Valley St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teresa Hook

If U. S. Veteran specify WAR

(a) Residence: No. 120 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Vern Widowed

6. DATE OF BIRTH (month, day, year) April - 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME William Hook

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Anderson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Stanislaus, Sup. (Address) Little Sisters of Poor.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 1-31-38

19. UNDERTAKER Sandell & Humphreys (Address) 1620 Eastern Ave

20. FILED 1938 Huntington Williams, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1937 to Jan 26 1938

I last saw him alive on Jan 25 1938 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance	
Arteriosclerosis	?
Asthenia	3 wks

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. C. Cooke M. D.

(Address) 1114 Hartford

43112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12745—1000 E 43112

1. PLACE OF DEATH

Registered No. 19-1349-1938

CITY OF BALTIMORE: (No. Baltimore City hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (E) Thomas Nargrove

If U. S. Veteran specify WAR

(a) Residence: No. 1432 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	~~married~~ Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nargrove

6. DATE OF BIRTH (month, day, year) 10-11-1872 ~~10/15/1872~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 ~~64~~	~~8~~ 3	~~16~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer-cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Robert L. Nargrove

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 30, 1938

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED JAN 29 1938 [illegible] Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 27, 1938

I last saw him alive on January 27, 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-23-38

Other contributory causes of importance: Arteriosclerosis Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. De Santillo M. D.

(Address) Baltimore City Hospitals

F 43113

43113 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Virginia Ave St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Edwin Hall

(a) Residence: No. 3204 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Edwin Hall.

6. DATE OF BIRTH (month, day, year) May 14-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel T. Penfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Betty Quinn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Elizabeth Hall (Address) 3204 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 1-29-38

19. UNDERTAKER Wendell E Humphreys (Address) 2111 Broadway

Filed 1-29 1938 Hilliard Pettigrew, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1937 to Jan 26 1938

I last saw her alive on Jan 26 1938 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left ovary extension to Peritoneum and Viscera — Feb. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) James E. Ashmead M. D.

(Address) 4012 Park Heights Ave

43114
34052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43114

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME John J Thomas

(a) Residence: No. Huntington, Md St., ... Ward. Color 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-8-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82 53	11	13 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James J Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Laurel Md

Place Young's Cemetery Date Jan 30 1938

19. UNDERTAKER H. G. Brooks

(Address) 1463 N. Caroline

20. FILED ..... [illegible]

JAN 29 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to Jan 26 1938

I last saw h.. alive on Jan 26 1938 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma of liver	
Cirrhosis of liver	
Ascites	
Coronary thrombosis	

Other contributory causes of importance:

Cardiac insufficiency

Anemia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frederick M. Hanes, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43415

CERTIFICATE OF DEATH

53-C F 43415

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 40-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 3513 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Wilson

6. DATE OF BIRTH (month, day, year) July 11-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John D. Simon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ? ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William A. Wilson
(Address) 3513 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/1 - 1938

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S. Wolfe St

20. FILED ..... 19..... Registrar

JAN 29 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Jan 26, 1938

I last saw her alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Syncio. blastoma) 9 st frontal lobe	8 mo?
	coma

Other contributory causes of importance:

Was an operation performed? yes Date of Jan 14, 1938

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Rudyman, M. D.

(Address) St. Joseph's Hospital

13416 HEALTH DEPARTMENT—CITY OF BALTIMORE 13116

CERTIFICATE OF DEATH

8-2 - 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Eastern Ave St. 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernst H. Domschke

If U. S. Veteran specify WAR

(a) Residence: No. 1727 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pepsia Domschke

6. DATE OF BIRTH (month, day, year) Nov 14-53

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Payne

(Address) 3319 Eldodale

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 31 1938

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED ... 19...

JAN 29 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1938 to Jan 28 1938.

I last saw him alive on Jan 27 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Jan 23
Other contributory causes of importance:	
Bronchopneumonia	Jan 15

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Alma Bowman M. D.

(Address) 718 N Patterson Pk Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

3117 — 13117

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) New Balt. Gen. (St.) Nay Lane

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Boy Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 1817 Walbrook Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 26, 1938

7. AGE: Years | Months | Days | If LESS than 1 day, 7 hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Paul J. Cooper

14. BIRTHPLACE (city or town) (State or country): Catonsville, Md

MOTHER

15. MAIDEN NAME: Carolyn Olney

16. BIRTHPLACE (city or town) (State or country): Pasadena, Md

17. INFORMANT (Address): Mrs. Edna K. Nigro New Balt. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL: UNIVERSITY MEDICAL SCHOOL JAN 29 1938

19. UNDERTAKER (Address)

20. FILED 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1938 to Jan. 27, 1938

I last saw h. alive on Jan 27, 1938. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity 6 mo. — Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) W 525

F 43418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43418

CERTIFICATE OF DEATH 29923 (No.) 349 - 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-5 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Earl Lomax,

(a) Residence: No. 1527 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2/21/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James (d)

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Josephine Gaines (d)

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 31 38

19. UNDERTAKER J. L. P. Leibert
(Address) 519 Mosher St.

20. FILED JAN 30 1938 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1938

22. I HEREBY CERTIFY, That I attended deceased from January 13 1938 to January 27 1938

I last saw he alive on January 27 1938. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-31-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Q. de Lautelle M. D.

(Address) Baltimore City Hospitals

13419 John R Lear E 13419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, Ward) 8-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Roller Lear

If U. S. Veteran specify WAR

(a) Residence: No. Tallston Md St., Ward. Tallston, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Lear.

6. DATE OF BIRTH (month, day, year) Nov 29. 1857

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm. Lear

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah A. Efford.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs J. R. Lear

(Address) Tallston Md.

18. BURIAL, CREMATION, OR REMOVAL Friendship Cem. Feb 1 1938

19. UNDERTAKER Hankey & Gross

(Address) Bendon Md.

20. FILED . 19 Registrar

JAN 30 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-28-38 to 1-29 1938

I last saw him alive on 1-29 1938 Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Interstitial~~ Lobar Pneumonia	1/24/38
Interstitial	
Acute Pericarditis	

Other contributory causes of importance:

None

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Typing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert H. Sivers M. D.

(Address) Union Memorial Hospital.

13420 Bowland D 13420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-6 107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Bowland
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1809 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Willie R. Bowland

6. DATE OF BIRTH (month, day, year) Aug 2nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md

FATHER

13. NAME Levin P. Bowland
14. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

MOTHER

15. MAIDEN NAME Ann Dougherty
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Virginia Houston
(Address) 1809 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Andrews Episc. Cem. Princess Anne Md. Date Dec 31st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 W. Fayette St

20. FILED DEC 30 1938 Thurston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1937 to 11 28 1938
I last saw him alive on 11 28 1938 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, cerebral	1937
Other contributory causes of importance: Bronchopneumonia	1938

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D Hatteberg Jr M. D.
(Address) Warwick Md

13421 HEALTH DEPARTMENT—CITY OF BALTIMORE 13421

CERTIFICATE OF DEATH

H6-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Perina Reese

(a) Residence: No. 402 N. Patterson Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 6/8/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Reaves

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Harriet Nelson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date July Rebruary 2/1 38

19. UNDERTAKER Jno. Cook & Son
(Address) 1279 W. Pratt St

20. FILED ... Registrar
JAN 30 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-22-1938 to 1-29-1938

I last saw her alive on 1-28-1938. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Body Pancreas with metastasis	
Post operative Shock	Carcinoma 1-24-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-24-38

For what disease or injury?

Name of operation Exploratory Laparotomy & Biopsy

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L.L. Woodward Jr. M. D.

(Address) Balto. City Hosp.

13122 HEALTH DEPARTMENT—CITY OF BALTIMORE 13122

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR 0 Record

2. FULL NAME JOHN A. BUSHELL

(a) Residence: No. 4712 HAMPNETT St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth H Bushell

6. DATE OF BIRTH (month, day, year) June 26th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 12/37

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) London England

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Lucy Smith
(Address) 1530 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 1st 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Huntington Williams, Asst. 1/30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JANUARY 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1937, to 1/28, 1938.

I last saw him alive on 1/28, 1938. Death is said to have occurred on the date stated above, at 7 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF RECTUM	1937
DIABETES MELLITUS	?
Other contributory causes of importance: BRONCHOPNEUMONIA	1938

Was an operation performed? YES Date of 12/30/38 - 1/2/38

For what disease or injury? CARCINOMA OF RECTUM

Name of operation COLOSTOMY - PERINEAL RESECTION

What test confirmed diagnosis? LAB. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) R. Hunter Jr. M. D.

(Address) Kennedy Hospital

907 N. Charles St

13423 E 13423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital (Ward) Dr

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Israel Rudell

(a) Residence: No. 1641 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs. Pearl Mulbrun 1641 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Blvd Date 1-30-38. 19

19. UNDERTAKER (Address) Jack Lewis Inc. 1420 E. Lanvale St.

20. FILED 1-30-1938 Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-38. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Iliac aRupture	1/27-

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-27 . 1938.

Where did injury occur? Near Canton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street.

How injury occurred Struck by auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert J. Gurley Jr. M. D. Coroner

(Address) 907 N. Charles St.

1-30-1938

3121

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 43124

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2913 Violet ave (St.) (Ward) 5-12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Dubin

If U. S. Veteran specify WAR

(a) Residence: No. 2913 Violet ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Abe

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac Wismontzke

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rose

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abe Dubin

(Address) 2913 Violet ave

18. BURIAL, CREMATION, OR REMOVAL: Bo Comet 1-30-38

Date

19. UNDERTAKER: Jack Lewis Inc

(Address) 1439 E. Baltimore St

20. FILED JAN 30 1938 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935 to 1/29, 1938

I last saw her alive on 1/29/38 7:15 P. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank H. Luntzberg M. D.

(Address) Medical Arts Bldg

Grand F Luntzberg.

13125 13125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N. Glover St., 6-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Werner

(a) Residence: No. 218 N. Glover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Werner

6. DATE OF BIRTH (month, day, year) Nov 7-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Irish

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J Werner
(Address) 218 N Glover

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 31 1938

19. UNDERTAKER John Ulrich & Sons
(Address) 2008 Eastern Ave

20. FILED ..... 19..... Registrar .....

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to Jan 27 1938

I last saw her alive on Jan 26 1938 Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 yr
Other contributory causes of importance Cerebral Hemorrhage	14 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward J Cook M. D.

(Address) 2030 E Baltimore

43126 HEALTH DEPARTMENT—CITY OF BALTIMORE 43126

CERTIFICATE OF DEATH

95-B

Registered No. 28-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 Rokeby Road St., 28 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME HENRY REIDT

(a) Residence: No. 4616 Rokeby Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Reidt

6. DATE OF BIRTH (month, day, year) Jan 21, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Peter Reidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Doyle known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry P. Reidt (Address) 4616 Rokeby Road.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Jan 31 38 19

19. UNDERTAKER John Ulland (Address) 2008 Orleans St

20. FILED , 19 Registrar

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to January 28, 1938

I last saw him alive on January 28, 1938 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiac insufficiency with hypertrophy and dilatation — Date of onset 1/21/38

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Reuben E. Stacey, M. D.

(Address) 3803 Edmondson Ave

13427 ✓ F 43427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 6 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Samuel John Dawe

(a) Residence: No. 1324 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel Isaac Dawe

6. DATE OF BIRTH (month, day, year) Nov 12 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman News Post News Post

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1st 1938

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) London England

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Devonshire England

17. INFORMANT Rachael I. Dawe

(Address) 1324 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Jan 31 1938

19. UNDERTAKER Chas. H. Block

(Address) 742 W North ave

20. FILED JAN 30 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1937 to Jan 29 1938

I last saw h[illegible] alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1937

Reducing Kidney

Other contributory causes of importance: Chronic Asthma — 1930

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Date of

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) T. C. Dawe M.D.

(Address) 1324 Eutaw Pl.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

13128 E 13128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 82-a

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry C. Winkelmann

If U. S. Veteran specify WAR NONE

(a) Residence: No. Bradford Apts 33 W. Lt. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Winkelmann

6. DATE OF BIRTH (month, day, year) June 19 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Connected with Ret

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carr-Lowrey Glass Co.

10. Date deceased last worked at this occupation (month and year) about Jan/10/38

11. Total time (years) spent in this occupation abt 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Winkelmann

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louisiana Ahrendt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Miss Elma C. Winkelmann (sister)
(Address) Charles apts

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan/31-38

19. UNDERTAKER Stewart & Sons Co.
(Address) 108 W. Mt. Ave.

20. FILED ..... 19..... Registrar.

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1938 to 1-29 1938

I last saw him alive on 1-29 1938 Death is said to have occurred on the date stated above, at 4 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Hypertension	
Other contributory causes of importance:	
Paralysis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

43429 ✓ F 43429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

102

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Rd St. 27-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 87 yrs. 7 mos. 1 da.

2. FULL NAME Nora Frames Evans

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 625 St Johns Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Theo. A. Evans

6. DATE OF BIRTH (month, day, year): June 28 1850

7. AGE: Years 87 | Months 7 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Md

FATHER

13. NAME: Lt. Denton Shipley

14. BIRTHPLACE (city or town) (State or country): Carroll Co. Md

MOTHER

15. MAIDEN NAME: Miss Sellman

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

17. INFORMANT: M. Evans Whitley (Grandson)

(Address) Towson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lindsborg Date Jan 31 1938

19. UNDERTAKER: Stewart Mort Co.

(Address) Westminster.

20. FILED ..... 19.. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 19.. to Jan 29 19 38

I last saw her alive on Jan 29 19 38. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
High blood pressure and old age - No Disease.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify —

(Signed) E. H. Duncan, M. D.

(Address) 5134 York Road

OCCUPATION is very important. See instructions on back of certificate.

13430 F 43430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 94-B

CITY OF BALTIMORE: (No.) Bay View St., (Ward) 165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Ernst

(a) Residence: No. 207 S. Collington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christopher Ernst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph F. Kolb

(Address) 207 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 31, 1938

19. UNDERTAKER Martin W. E. Poepel

(Address) 37 S. Gay St.

JAN 30 1938 . 19 . Registrar

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1938

22. I HEREBY CERTIFY, That I took care of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	day
	6

Other contributory causes of importance: Senile Arterio-sclerosis, Right leg, years.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

V S 6

13131 HEALTH DEPARTMENT—CITY OF BALTIMORE 13131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Cold Spring Lane 15-13 Ward)

Registered No. 94-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 2801 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Meyer D.

6. DATE OF BIRTH (month, day, year) July 15/18 71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME M. M Schlot

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Farmie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Cohen
(Address) 2801 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Lehner Herring Run Date Jan 30. 1938

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124-26 W. Mt. Ave

20. FILED ..... 19.....
Registrar.

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938, to Jan. 30, 1938

I last saw her alive on Jan. 30, 1938 30 10 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	unknown
Coronary Occlusion	Jan 1/
Other contributory causes of importance:	
Hypertension	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fred A. Ries M. D.

(Address) 24 S. Broadway.

OCCUPATION is very important. See instructions on back of certificate.

F 43132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3 F 43132

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged St. 2701 (Ward) 27-17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 58 yrs. mos. ds.

2. FULL NAME Mr. Joseph Seidler

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Spring Sts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Seidler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sig. Seidler, Supt. (Address) Belvedere & Spring Aves

18. BURIAL, CREMATION, OR REMOVAL 1-30-38

Place Mt. Carmel Date 19

19. UNDERTAKER Jack Kurz Inc (Address) 1439 E. Baltimore St

20. FILED JAN 30 1938, 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1935 to 1-29, 1938

I last saw him alive on 1-29, 1938. Death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
Left Cerebral Hemiplegia	4-29-35
Cerebral Hypothrophy	
Other contributory causes of importance:	
Chr Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

13433

HEALTH DEPARTMENT—CITY OF BALTIMORE

13433

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto General St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura M. Gangi

If U. S. Veteran specify WAR .....

(a) Residence: No. 1618 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/20/1926

7. AGE Years	Months	Days	If UNDER 1 day: hrs. or min.
11	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. Name Salvatore Gangi

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Esther Stutzel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Esther Stutzel

(Address) 1618 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/31/38

19. UNDERTAKER George Rutt Inc

(Address) 17 E Hoffman Ave Balto

20. FILED 1938 Huntington Williams, Hlth Officer

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-20-38, 1938, to 1-29, 1938

I last saw her alive on 1-29, 1938. Death is said to have occurred on the date stated above, at 915 A m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Acute appendicitis &	1-13
Generalized peritonitis	1-17

Other contributory causes of importance

none

Was an operation performed? Yes Date of 1-20-38

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Open Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Levy, M. D.

(Address) WB 9-5

13431 ✓ F 43434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Harford ave St., 9-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Anna Dantz

If U. S. Veteran specify WAR ——

(a) Residence: No. 3124 Harford ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late – Christian August Dantz

6. DATE OF BIRTH (month, day, year) Sept 26-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00-7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, City, Md.

FATHER

13. NAME Edward Berry.

14. BIRTHPLACE (city or town) (State or country) Balto, City Md

MOTHER

15. MAIDEN NAME Ella Gertrude Noll.

16. BIRTHPLACE (city or town) (State or country) Balto, City, Md

17. INFORMANT Mrs Gertrude Kamp.

(Address) 2884 Helen Road

18. BURIAL, CREMATION, OR REMOVAL 1/31/38

Place Druid Ridge Cem Date 19

19. UNDERTAKER Geo. J. Roth & Son

(Address) 1230 Hollins ave

20. FILED Pennington Williams Registrar.

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1937 to Jan 28 1938

I last saw her alive on Jan 28 1938. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular Heart Disease	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi D. Di Stefano M. D.

(Address) 407 S. Exeter St

OCCUPATION IS VERY IMPORTANT. Any information that will help to complete it will be appreciated.

43435

HEALTH DEPARTMENT—CITY OF BALTIMORE

43435

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Henrietta Harper

If U. S. Veteran specify WAR .....

(a) Residence: No. Hurlock; Dorchester St., Co., Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 15 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Nathan West

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Washington Cemetery Hurlock Md Date Feb 1 1938

19. UNDERTAKER H.H. Willoughby & Sons

(Address) East New Market Md.

20. FILED Huntington Williams, M.D.

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1938 to Jan. 30, 1938

I last saw her alive on Jan. 30, 1938 Death is said to have occurred on the date stated above, at 3 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gall-bladder	
Adenocarcinoma of ~~stomach~~ with metastases	
onset of Symptoms approx.	11-1-37
Other contributory causes of importance:	
Complete pyloric obstruction	

Was an operation performed? Yes Date of 1-22-38

For what disease or injury? Exploratory Laparotomy

Name of operation .....

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh C. Hampton, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43136

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Garth

If U. S. Veteran specify WAR

(a) Residence: No. Humboldt Ala. St., — Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winston Peary Garth

6. DATE OF BIRTH (month, day, year) Oct. 19/1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn —

FATHER

13. NAME Horace E Garth

14. BIRTHPLACE (city or town) (State or country) Tenn — Cardwell

MOTHER

15. MAIDEN NAME Alice Jones

16. BIRTHPLACE (city or town) (State or country) Tenn —

17. INFORMANT Friends —

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Humboldt Ala. Date Feby 2 — 193

19. UNDERTAKER Lee & Mitchell Sons

(Address) 1700 Eutaw Place

20. FILED ..... 19 ..... Registrar

JAN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938 to Jan 30, 1938

I last saw her alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 6.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Breast removed 6 yrs ago for Tumor (malignant?)	
Cerebral Tumor - Hemorrhage	
Genito Genito intestinal tract	
Metastases from malignant	
Breast tumor??	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Hayes M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

43437 F 43437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH 2356

CITY OF BALTIMORE: (No. ~~2356~~ E. North Ave St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence M. Evans

If U.S. Veteran specify WAR

(a) Residence: No. 2356 E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. Evans

6. DATE OF BIRTH (month, day, year) Nov. 7, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester, N. H

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Joseph F. Evans

(Address) 2356 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 1 1938

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

JAN 31 1938 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26 1885 to Jan 29 1938

I last saw her alive on June 25 1938 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

21. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Frahm M. D.

(Address) 1843 N. Broadway

13138 F 13138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., ~~Ave~~ 27-70 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Florence Marie Toole

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 6311 Winner Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Milton H. Toole

6. DATE OF BIRTH (month, day, year) March 6 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Public Schools

10. Date deceased last worked at this occupation (month and year) 1/17/38

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ada McCafferty

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Husband

(Address) 6311 Winner Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 2nd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

JAN 31 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1938 to 1-30 1938

I last saw her alive on 1-29 1938 Death is said to have occurred on the date stated above, at 3 20/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary adenocarcinoma of ovary	1-26-37
Other contributory causes of importance: Melanosis Umount abdomen; intestinal obstruction	1-28-38

Was an operation performed? yes Date of 1-26-37 & 1-29-38

For what disease or injury? Cancer

Name of operation Oophorectomy & Laparotomy

What test confirmed diagnosis? path. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hugh C. Hampton, M. D.

(Address) Church Home & Infirmary

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE

VR 3

13139 HEALTH DEPARTMENT—CITY OF BALTIMORE 13139

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1813 N. Collington Ave (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Edward Juna

(a) Residence: No. 1813 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

55 yrs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. If MARRIED, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Dorothy Juna

6. DATE OF BIRTH (month, day, and year): March 21 - 1859

7. AGE: Years 78; Months 10; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Millers (Hides)

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Dorothy Juna

(Address) 1813 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb 1-38

19. UNDERTAKER: William Cook

(Address) 217 S. Paul Street

JAN 31 1938 Williams, N.Y.

(Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 37 to Jan 29 1938

I last saw him alive on Jan 26 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Colitis chronic — Date of onset 1920

Myocarditis — 1933

Other contributory causes of importance:

Chronic nephritis — ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Albert F. Sharky, M. D.

(Address) 2939 Mc Elderry St.

F 13140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13140

CERTIFICATE OF DEATH

✓ 66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No. 66-B

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Reynolds

If U. S. Veteran specify WAR. See Record

(a) Residence: No. 3046 Pinewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Dan'l Warren Reynolds

6. DATE OF BIRTH (month, day, year) June 11 1872 about

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	65	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Kerfoot

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Leighleiter

16. BIRTHPLACE (city or town) (State or country) Wrightsville Pa

17. INFORMANT Catherine Kristine Reynolds
(Address) 3046 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 1st 1938

19. UNDERTAKER Wm Cook
(Address) 217 St. Paul St

20. FILED JAN 31 1938 Thomas Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/14/38 to 1/29/38

I last saw her alive on 1/29/38 Death is said to have occurred on the date stated above, at 7:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Adenoma of Thyroid Gland	1/29/38
Other contributory causes of importance:	
Cardiac Failure	1/29/38
Surgical Shock	1/29/38

Was an operation performed? Yes Date of 1/29/38

For what disease or injury? Toxic Adenoma of Thyroid

Name of operation Thyroidectomy

What test confirmed diagnosis? Basal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Frederick Johnston Jr M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

13141 F 13141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√46-F

1. PLACE OF DEATH Volunteer Hospital 22-1 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 418 W Lexington St., [illegible] Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Vogel

If U.S. Veteran give WAR No Record

(a) Residence: No. 1032 S Charles St. Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen E. Vogel

6. DATE OF BIRTH (month, day, year) Aug 29th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as mill, saw mill, bank, etc. National Enamel & Stamping Co

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME Karlos Vogel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Karpown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Proville
(Address) 1032 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 2nd 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED 19 Registrar

Washington Co. Md.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1938 to Jan 30, 1938

I last saw him alive on Jan 30 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	Nov 1937
Terminal Bronch. Pneumonia	Jan 30/38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Leonard M. Hummel M. D.
(Address) 418 W. Lexington St.

Dr. Florence Nagy.

OCCUPATION is very important. See instructions on back of certificate.

F 13412 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13412

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary H. Debes

If U. S. Veteran specify WAR

(a) Residence: No. 5924 Harow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of John A. Debes

6. DATE OF BIRTH (month, day, year) Dec 25 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Hoenig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr John A. Debes

(Address) 5924 Harow Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cemy Date February 1, 1938

19. UNDERTAKER Henry Hoeck & Sons, Inc

(Address) 1301 E. Eager St

20. FILED 19 (Signature)

JAN 31 1938 Huntington Volunteer, N.Y.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1938 to Jan 28 1938

I last saw her alive on Jan. 28 1938. Death is said to have occurred on the date stated above, at 6:32 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	Today
Acute Appendicitis	17 days
Other contributory causes of importance:	
Diabetes Mellitus	4 years

Was an operation performed? Yes Date of Jan 14 1938

For what disease or injury? Acute gangrenous appendicitis (not the primary cause of death)

Name of operation Appendectomy and Ileostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Mayo Smith M. D.

(Address) Md. Gen. Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

13143

13143

CERTIFICATE OF DEATH

V 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 E. Lorraine Ave St.) 12-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Chance

If U.S. Veteran specify WAR

(a) Residence: No. 334 E. Lorraine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Chance

6. DATE OF BIRTH (month, day, year) July 10, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Hallen

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. Marion Chance
(Address) 334 E. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 31 1938

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1937 to Jan 28 1938

I last saw her alive on Jan 27 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Infirmities, Senility — Date of onset

Other contributory causes of importance:

Bronchitis yrs

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) O. P. Carman M. D.

(Address) 1701 N Carolina ave

OCCUPATION is very important. See instructions on back of certificate.

AM 31 1938

13141 F 13141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 E. Thirtieth St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry M. Spicer

If U.S. Veteran specify WAR .....

(a) Residence: No. 746 E. Thirtieth St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Spicer

6. DATE OF BIRTH (month, day, year) April 26, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Construction

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert E. Spicer

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Louisa M. Spicer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ella Spicer
(Address) 746 E. 30th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 1, 1938

19. UNDERTAKER E. Lerow Sadler, Inc.
(Address) 125 E. North Ave.

20. FILED ..... 19 ..... Registrar

JAN 31 1938 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany. 21, 1938 to Jany. 30, 1938

I last saw him alive on Jany 29, 1938. Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Jan 21 38
Myocardial Insufficiency	

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. D. Silkworth M. D.

(Address) 495 Cedar St. Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

13145 HEALTH DEPARTMENT—CITY OF BALTIMORE 13145

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1877

CITY OF BALTIMORE: (No.) Bay View St., 22-2 Ward(s)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alfred Bevins

(a) Residence: No. 635 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alfred Bevins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Bagwell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wm. Bevins

(Address) 786 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 30 1938

19. UNDERTAKER Joseph A. Woody & Son

(Address) 1217 Pennsylvania Ave

20. FILED JAN 31 1938 Harrington Williamson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Some time
Arterio sclerosis	Some time

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Woods, M. D. Coroner

(Address) 1712 E. Monument St.

State CAUSE OF DEATH in plain terms. Do not use abbreviations or OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

13446 E 13446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Rose St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Miles

(a) Residence: No. 126 N. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Miles

6. DATE OF BIRTH (month, day, year) June 17, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Repair man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) Dec. 14, 1937 | Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William E. Miles

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Katherine Plitt

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Barbara Miles (Address) 126 N Rose St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date Feb 2nd, 1938

19. UNDERTAKER E. Schlosman & Son (Address) 1039 Hanover st

JAN 31 1938 Filed ... 19... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Decembers, 1937 to Jan. 29, 1938

I last saw him alive on Jan. 29, 1938 Death is said to have occurred on the date stated above, at 3 40 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1936

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Karl Lippman M. D.

(Address) 1212 N. Patterson Park Ave

BE CAREFUL TO FILL IN ALL ITEMS. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13147 13147

CERTIFICATE OF DEATH

34-J-82-B

3-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Shelly or Joseph Szlachetka

If U. S. Veteran specify WAR

(a) Residence: No. 728 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 11/17/01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer also

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Teofila Slowik

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb 1 19 38

19. UNDERTAKER Fred W. Ozgazewski
(Address) 1930 Eastern Ave

JAN 31 1938 Huntington Williams, M.D.
(Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to January 29, 1938

I last saw him alive on January 29, 1938. Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-25-38
Other contributory causes of importance:	
Cerebral Thrombosis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

13148 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13148

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Kenwood Ave. St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen May Lightman

U.S. Veteran specify WAR .....

(a) Residence: No. 517 S. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. Lightman

6. DATE OF BIRTH (month, day, year) Nov 30, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Deegan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Johanna Ford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Frank Deegan

(Address) 630 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/1/ 38

19. UNDERTAKER Louis Heemann & Son

(Address) 32 S. Broadway

N 31 1938 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 - , 1938 to to Jan 29 , 1938

I last saw her alive on Jan 29 , 1938 Death is said to have occurred on the date stated above, at 9 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uremia

Acute Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wayne Taylor M. D.

(Address) 2739 Eastern Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43449 CERTIFICATE OF DEATH 46-F F 43449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lenora Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 117 Edmonson ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kent Co, Md.

FATHER

13. NAME James J Wilson

14. BIRTHPLACE (city or town) (State or country) Kent Co Md.

MOTHER

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Roy Wilson Brother (Address) 917 Edmonson ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 31st 1938

19. UNDERTAKER Elroy C Wilson (Address) 1100 Bentley ave

20. FILED JAN 31 1938 Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to Jan. 24, 1938

I last saw her alive on 1/23, 1938. Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas with metastasis to the liver	?

Other contributory causes of importance: .....

Was an operation performed? Yes Date of 1. 12/20/37 2. 1/12/38

For what disease or injury? Ca. of Pancreas

Name of operation 1. cholecystoduodenostomy 2. Gastric Ulcer ... gastrojejunostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 —

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

— If so, specify .....

(Signed) George H Davies M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 13450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13450

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Q Broadway 5-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marcella A Kearney

(a) Residence: No. 1706 Q Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Kearney

6. DATE OF BIRTH (month, day, year) Jan 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Cain

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Drahn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daughter Marcella Kearney
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 1/31/38, 19

19. UNDERTAKER George J Roth Inc
(Address) 1705 Harford Ave

19 Registered

JAN 31 1938

Worthington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938 to Jan 29, 1938

I last saw her alive on Jan 29, 19 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J. Arney, M. D.
(Address) 1608 Q Broadway

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

13151

HEALTH DEPARTMENT—CITY OF BALTIMORE

13151

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315-E. Lafayette Ave St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Burns

If U. S. Veteran specify WAR no

(a) Residence: No. 1315-E. Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIDE of Catherine Bayley

6. DATE OF BIRTH (month, day, year) 8/27/1865

7. AGE Years	Months	Days	If LESS than 1 day state hrs. or min.
72	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Burns

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Catherine Burns

(Address) 1315-E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2/1/38

19. UNDERTAKER Geo. C. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED 1938 Registrar.

JAN 31 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938 to Jan 29 1938

I last saw him alive on Jan 28 1938. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/29/38
Chronic Myocarditis & Cardiac failure	Dec. 37.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Jos. S. Blum, M. D. M. D.

(Address) 1206 E. Preston

OCCUPATION is very important. See instructions on back of certificate.

F 43452

F 43452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Clifton Ave Ward 45-4)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Glaum

U. S. Veteran specify WAR

(a) Residence: No. 2123 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Glaum

6. DATE OF BIRTH (month, day, year) April 6-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Boilerman Rd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Henry J. Glaum

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Ettes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna M. Glaum

(Address) 2123 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 1 19 38

19. UNDERTAKER Francis Cook Sons

(Address) 1000 W. North Ave

FILED JAN 31 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1938

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13153

CERTIFICATE OF DEATH

30136 JS

F 13153

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Benson

If U. S. Veteran specify WAR

(a) Residence: No. 407 W. Hoffman St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Alexander

6. DATE OF BIRTH (month, day, year) " " 1878 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lewis Massey Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT B. C. V. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ...

19. UNDERTAKER

(Address)

20. JAN 30 1938 Huntington Williams, M.D.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1938, to January 28, 1938

I last saw her alive on January 28, 1938. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-11-38
Other contributory causes of importance: Broncho pneumonia	1-24-38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43454 | CERTIFICATE OF DEATH | 16-3 ✓108 | F 43454

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 W. Lanvale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Hillery

(a) Residence: No. 1710 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	ed	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 7 | 13 | 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Clark

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace Holly
(Address) 1710 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Date 2/1/ 38

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED JAN 31 1938 Huntington Thomas, M.D.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Jan. 25, 1938, I last saw h[illegible] alive on Jan 25, 1938, 4:30 P.M. Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coba Pneumonia	1/24/38

Other contributory causes of importance:

None

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Was there an autopsy?

What test confirmed diagnosis? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. V. Forde M. D.

(Address) 1536 W. Lanvale St.

STATE CAUSES OF DEATH ON THIS LINE. See instructions on back of certificate. OCCUPATION is very important.

13455

HEALTH DEPARTMENT—CITY OF BALTIMORE #30319

CERTIFICATE OF DEATH

F 13455

8-7 95-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward) H mo.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barber, George

If U. S. Veteran specify WAR

(a) Residence: No. 1225 N. Bond St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia

6. DATE OF BIRTH (month, day, year) 3/31/~~1905~~ 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~55~~ 50	~~58~~	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Boston

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Harriett ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 31 1938

19. UNDERTAKER Robert F Willing

(Address) 1515 McElderry St

20. FILED JAN 31 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 26 1938 to January 27 1938.

I last saw him alive on January 27, 1938. Death is said to have occurred on the date stated above, at 8 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. De Santillo M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

13456

HEALTH DEPARTMENT—CITY OF BALTIMORE

13456

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Bay View St., 76 Ward) Registered No. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mon. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert C. Schlimmer If U. S. Veteran specify WAR

(a) Residence: No. 1512 Vesper Ave. (Dundalk) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Catherine Schlimmer

6. DATE OF BIRTH (month, day, year) Oct. 19-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad (Belt Line)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

MOTHER FATHER

13. NAME Frederick Schlimmer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Emma Klinger (Wood)

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Catherine Schlimmer
(Address) 1512 Vesper Ave (Dundalk)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Manor Date Jan 31. 1938

19. UNDERTAKER John F. Connelly
(Address) Essex, Md.

20. Huntington Williams, M.D.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	Jan 28 1938

Other contributory causes of importance:
Due to fright

Was an operation performed? Yes Date of Jan 28-1938

For what disease or injury? Blood Clot

Name of operation To relieve pressure Date of Jan 28-1938

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan. 27. 1938.

Where did injury occur? On street (Dundalk)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury ~~Fracture~~ Fright

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13457

CERTIFICATE OF DEATH

159 F 13457

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 7-2x Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Sheahey

If U. S. Veteran specify WAR

(a) Residence: No. 723 N Lakewood Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-23-38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George L. Sheahey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Christina Kolupek

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT St. Joseph's Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhill Date 1/31/38

19. UNDERTAKER J. J. Gillespie

(Address) 403 [illegible]

20. FILED JAN 31 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1938 to Jan 29, 1938

I last saw her alive on Jan. 29, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Twins)	
Born 1-23-38	
(1st born)	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Kuhlman M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

13458 F 13458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 W. Lafayette Ave St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Watt

(a) Residence: No. 2539 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Belle

6. DATE OF BIRTH (month, day, year) Sept. 26-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottling Company

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Watt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Julia E. Baron

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Cora Belle Watt
(Address) 2539 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Feb. 1, 1938

19. UNDERTAKER Harry H. Lutter
Address 4101 Edmondson Ave.

JAN 31 1938

20. FILED [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29-, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1-, 1938, to January 29-, 1938

I last saw h alive on January 29-, 1938 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	1-1-38

Other contributory causes of importance:

none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13459 F 13459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Pre est Street 9th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Joseph Thomas If U. S. Veteran specify WAR

(a) Residence: No. 1325 Pratt Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lapare on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md.

FATHER

13. NAME Samuel Thomas

14. BIRTHPLACE (city or town) (State or country) Charles Co Md.

MOTHER

15. MAIDEN NAME Julianne Green

16. BIRTHPLACE (city or town) (State or country) Charles Co Md.

17. INFORMANT James B. Thomas

(Address) 1325 Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 31 1938

19. UNDERTAKER Johnson Bros

(Address) 1900 Pratt St

FILED Jan 31 1938 19 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 3-4 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Conner Coroner M. D.

(Address) 1345 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 31 1938

JAN 31 1938

43160 F 43460

HEALTH DEPARTMENT—CITY OF BALTIMORE

30194

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 3-1 75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Wiggins

If U.S. Veteran specify WAR

(a) Residence: No. 309 S. Dallas Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Common law Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lonnie Wiggins

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Carolina

FATHER

13. NAME Richard Lewis

14. BIRTHPLACE (city or town) (State or country) N.Carolina

MOTHER

15. MAIDEN NAME Edna Williams

16. BIRTHPLACE (city or town) (State or country) N.Carolina

17. INFORMANT Records Baltimore City Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Enfield N.C. Date Feb. 1st 38

19. UNDERTAKER Elroy O. Wilson (Address) 1000 Grandview Ave.

20. FILED JAN 31 1938 Registrar Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-22- 1938 to 1-30- 1938

I last saw her alive on 1-30- 1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Acute Coronal Occlusion	Sudden	
Acute alcoholism.	1 week	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schmuck, M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

E 13461

13461 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-5 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 333 S Smallwood St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Gorman

(a) Residence: No. # 333 S. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Vogt Gorman

6. DATE OF BIRTH (month, day, year) May 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gorman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Henrietta Gorman

(Address) #333 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Cem Date 2 / 1 / 1938

Yolletyille

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3 hrs
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Martin Kamna, M. D.

Coroner

(Address) 1822 W. Baltimore St.

31 1938

V S 6

Information should be complete, legible and accurate, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 13462

13462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24470 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Samuel Williams

(a) Residence: No. 109 Aisquith St., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-8-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Eliz. Edincott

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1938 Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED JAN 31 1938 Registrar

3796 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to January 25, 1938

I last saw h... alive on January 25, 1938. Death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-25-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. DeSautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

34862 5 — F 43163

HEALTH DEPARTMENT—CITY OF BALTIMORE

43163

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 36-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Murray

If U. S. Veteran specify WAR

(a) Residence: No. 5265 Lehigh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/20/38

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Murray

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Elsie Remesch

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1938
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED ... 19... Registrar.

JAN 31 1938

3197 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1938 to Jan 23, 1938
I last saw her alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 11 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage from Birth Injury	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) James H. Hiden M. D.
(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME Percy Stansbury

(a) Residence: No. Browns Woods St., ... near Ward. Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Stansbury

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Annie Hutchet -

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 31 1938

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-18, 1937 to JAN 24, 1938

I last saw him alive on JAN 24, 1938 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of Interval
Pneumonia - Lobar	8 days
Empyema	1-20-38
Staphylococcus Septicemia	1-22-38
Postmortem	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bacteriological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) James A. Hayland M. D.

(Address) Johns Hopkins Hospital

INFORMATION should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

ANNEX 1938

3136 H

F 13465

13465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME John Martens

(a) Residence: No. 1629 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Has no occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va, unknown

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Report

(Address)

18. BURIAL, CREMATION, OR REMOVAL JAN 31 1938 19

Place JOHNS HOPKINS MEDICAL SCHOOL Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jumped from Cedar Ave Bridge	1/17/38
Suicide	1/17/38

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Injury 1-17- 19 38

Where did injury occur? Cedar Ave Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Jumping from Bridge

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Diamond M. D.

Coroner

(Address)

information should be carefully supplied. Any [illegible] may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

JAN 31 1938

USE (3500) Coroner

13466 ✓ F 13466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 2453)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME John Booker

If U. S. Veteran specify WAR

(a) Residence: No. No Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
31	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1938

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED JAN 31 1938 19___ [illegible] Registrar

N 31 1938

V 6 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1tn & 2tn Degree Burns of Body	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury Jan. 27, 1938

Where did injury occur? Westport Dump (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Was trying to keep warm threw some oil on fire, thus setting fire to his clothing

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. Cleaton M. D.

(Address) 2257 N Mon[illegible]

Information should be carefully supplied. Any answer that will state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13467

CERTIFICATE OF DEATH 34-1-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Howard Landy

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md

FATHER

13. NAME Charles Landy

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

MOTHER

15. MAIDEN NAME Amelia Virginia Green

16. BIRTHPLACE (city or town) (State or country) Royal Oak, Md

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JAN 31 1938
Place ..... Date ..... 19 Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar.

JAN 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5th, 1937 to January 28th, 1938

I last saw him alive on January 28, 1938. Death is said to have occurred on the date stated above, at 10:08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8-5-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) John D. Aubrey, M. D.

(Address) Temple Court Apts. 31st & Sunford

Information asked for in this certificate is required by law. Failure to supply it may subject undertaker to fine. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13468 ✓ F 13468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Madison ave 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Bowen Freeman Life

If U. S. Veteran specify WAR .....

(a) Residence: No. 813 Madison ave, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Irwin

6. DATE OF BIRTH (month, day, year) Nov 17 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Undertaker

10. Date deceased last worked at this occupation (month and year) Jan 21/38

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Freeman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Lynn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas J. Freeman

(Address) 813 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 2 1938

19. UNDERTAKER Henry N. Jenkins & Son

(Address) McCulloh & Orchard Sts

20. FILED JAN 31 1938 Huntington Williams, Md.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1938 to Jan 31 - 1938

I last saw h.. alive on Jan 30 - 1938. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1/24/38

Other contributory causes of importance:

Was an operation performed? no - Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinic Was there an autopsy? no -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no - If so, specify .....

(Signed) Chas J Keller M. D.

(Address) 222 W. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

43469 F 43469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Ensor St. St., 9-9 Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Sarah Hession

(a) Residence: No. 1425 Ensor St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hession

6. DATE OF BIRTH (month, day, year) June 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Costello

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Norah O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Hession
(Address) 1425 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/1/38

19. UNDERTAKER L. Vernon Lemmon
(Address) 4611 Park Heights Ave.

... Williamsport, Md.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1937 to 1-29-, 1938

I last saw h[illegible] alive on 1-28-1938 Death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pelvis.	Unknown
Other contributory causes of importance:	over

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thos. B. Gilbert M. D.

(Address) 2802 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 43170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Kirkley

If U. S. Veteran specify WAR

(a) Residence: No. 1709 Jumpus Falls Parkway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie R. Howe

6. DATE OF BIRTH (month, day, year) Jany 8 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	X	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Med work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H. Kirkley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Donald H. Kirkley

(Address) 4427 Pickwick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feby 1, 1938

19. UNDERTAKER George Smith

(Address) 1400 Cedar Grace

20. FILED ... 19... ... Registrar.

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938 to Jan 29, 1938

I last saw h.. alive on Jan 29, 1938 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Jan 17, 1938

Ruptured Heart

Hemopericardium

Other contributory causes of importance:

atelectasis + fibrosis of left lung

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis D. Dickey, M. D.

(Address) University Hospital

Information ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13171

HEALTH DEPARTMENT—CITY OF BALTIMORE

13171

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - 3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. da.

2. FULL NAME Agnes Slechta

If U. S. Veteran specify WAR

(a) Residence: No. 926 N Patterson Pk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Slechta

6. DATE OF BIRTH (month, day, year) June 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslavakia

FATHER

13. NAME Michael Vanik

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Barbara Bartos

16. BIRTHPLACE (city or town) (State or country) Czech.

17. INFORMANT Husband (Thomas Slechta)

(Address) 926 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 1 1938

19. UNDERTAKER Gorsuch Gorsuch Son

(Address) 1926 Eastland Ave

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Jan 28, 1938

I last saw her alive on Jan 28, 1938. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	1/18 (?)
2 Chronic Cholecystitis	(?)

Other contributory causes of importance:

Paralytic Ileus

Was an operation performed? Yes. Date of 1/24/38

For what disease or injury? Appendicitis & Cholecystitis

Name of operation Appendectomy & Cholecystotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard S Owens, M. D.

(Address) University Hospital

JAN 31 1938

14

INSTRUCTIONS: Please write plainly with ink. Do not use pencil. Be sure and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

13172 F 13172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3030 St. Paul St. St., 12-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Pinkney West — If U.S. Veteran specify WAR ...

(a) Residence: No. 3030 St. Paul St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche Smith

6. DATE OF BIRTH (month, day, year) June 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. poor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME D. Pinkney West

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Amelia Hicks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Blanche S. West (Address) 3030 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date 2/1/38 19

19. UNDERTAKER H. Williams & Son (Address) 605 N. Calvert St.

Huntington Williams Jr.

H

JAN 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th 1938 to Jan 30 1938

I last saw h alive on Jan 30. 1938 Death is said to have occurred on the date stated above, at 9:30 4m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance: none	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elmer B Kreeman M. D.

(Address) 807 - Cathedral St

information should be carefully supplied. Age should be stated in years. If less than 1 year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Via: Pennsylvania Railroad:- Escort Mrs. Sutton.

Spec.—1-12-23—M&T—500 Blks. 13173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13173

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH av. Mt. Washington

CITY OF BALTIMORE: (No. 1800 South Road ST. 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME H. Raymond Carlton

(a) RESIDENCE NO. 1800 South Road Mt Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Hoppe Carlton

6 DATE OF BIRTH (month, day, and year) 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER H. Raymond Carlton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Atlantic Georgia

12 MAIDEN NAME OF MOTHER Edith Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) James M. Marshall 1800 South Road Mt Washington

15 JAN 31 1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-29-38

17 I HEREBY CERTIFY, That I attended deceased from 4-28-37, 19..., to 1-26-, 1938, that I last saw h[illegible] alive on 1-26-, 1938 and that death occurred, on the date stated above, at 11 30 P m

The CAUSE OF DEATH* was as follows:

Spontaneous Pneumothorax following Collapse for Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1-26-38

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) H. Bernard Jr., M. D.

, 19 (Address) Med Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowling Green Va

DATE OF BURIAL Feb 1 1938

20 UNDERTAKER Henry W. Measton

ADDRESS 64 N. Calvert St

N. B.—WRITE PLAINLY. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 43174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 678 Bradley St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Graham

(a) Residence: No. 678 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Dk

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mary Jackins
(Address) 678 Bradley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/1 1930

19. UNDERTAKER Williams & Jackson
(Address) 916 Penna Ave

20. FILED JAN 31 1930

Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza + Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Sam Carver, M. D.
Coroner

(Address) 1615 Eutaw Pl

S. B.—WRITE PLAINLY. Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43175

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Krause

(a) Residence: No. 1937 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wood Lawn Balto County

FATHER

13. NAME Frederick Edward Krause

14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Rose Nolo

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Frederick Edward Krause

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Souden Park Date 2/1/38 19 18

19. UNDERTAKER Chas B. Kushaulakos

(Address) 632 S Paca St

20. FILED FEB 1 - 1938 19 5 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27-38 19 to 1-30-38 19

I last saw him alive on 1-30-38 19 Death is said to have occurred on the date stated above, at 6 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis Diarrhea Bronchitis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Battaglia M. D.

(Address) Franklin Sq. Hosp.

N. B.—WRITE PLAINLY, with ink or indelible pencil. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13176 — CERTIFICATE OF DEATH — 108 F 13176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W. Lee St. St., 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rapheal L. Brown — If U. S. Veteran specify WAR

(a) Residence: No. 528 W. Lee St (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 3, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Rapheal Brown

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Marjorie Thomas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marjorie Brown

(Address) 528 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calary Date Feb. 2 . 1938

19. UNDERTAKER Walter B. Spriggs

(Address) 1139 Wilkens Ave.

20. FILED ... . 19 ... Registrar

FEB 1 - 1938

Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) T. H. Cradlin, M. D. Coroner

(Address) 3757 Keswick

WRITE LEGIBLY. Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13177

93-C

1. PLACE OF DEATH: Mercy Hospital

CITY OF BALTIMORE: (No. ~~1709 Brentwood Ave~~ St., Ward)

Registered No.

(If death occurred (in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: David H. Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1709 Brentwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Charles H Jones

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Harriett Murray

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Louise Jackson

(Address) 2549 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date Feb 1, 1938

19. UNDERTAKER: Thomas E Kelson

(Address) 1303 Pennsylvania Ave

20. FILED: Feb 1 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Levy M. D. Coroner

(Address) 1331 North Ave

N. B.—WRITE PLAINLY WITH LEAD PENCIL. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1 - 1938

M. D. H. 1269-9

F 13478

13478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231-N. Bond St. St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martina Jones

(a) Residence: No. 1231 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Jones

6. DATE OF BIRTH (month, day, year) Jan 12, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Thomas Butler

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md

MOTHER

15. MAIDEN NAME Rebecca Murray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie Bayley

(Address) 1231 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 1 1938

19. UNDERTAKER Mrs. J. A. Elliott Daughter

(Address) 1129 W. Lanvale St

20. FILED Feb 1 1938 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1937 to Jan 29 1938

I last saw her alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 hr
Contributory	

Other contributory causes of importance: Contributory

Name of operation — Date of —

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to the occupation of deceased? No If so, specify

(Signed) J. Garland Plummer M. D.

(Address) 1534 Druid Hill Ave

FEB 1 — 1938

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25581 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Johanna Wertz

If U. S. Veteran specify WAR

(a) Residence: No. 2007 Pulaski St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Wertz

6. DATE OF BIRTH (month, day, year) June 19 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Fredrick Bailey

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hanna ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. S. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 2-1-38. 19

19. UNDERTAKER J. B. Stappert & Son

(Address) 320 Cedar Place

20. FILED ... 19 ... Registrar

FEB 1 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5 1937 to January 29 1938

I last saw her alive on January 29 1938 Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) H. A. de Saulles M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13480

HEALTH DEPARTMENT—CITY OF BALTIMORE

13480

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E. Preston St., 11-1 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Chalk Loving

(a) Residence: No. 211 E Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 30-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert A Loving

14. BIRTHPLACE (city or town) (State or country) Harford County Md

MOTHER

15. MAIDEN NAME Mary B. Braddock

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary B. Loving
(Address) 211 E Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb-1-38 19

19. UNDERTAKER J. B. Hupfer & Son
(Address) 1345 Eutaw Place

20. FILED ..... 19 ..... Registrar.

FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1938 to Jan 30 1938

I last saw him alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Wilmer Hauer M. D.

(Address) 1401 Eutaw Place

S. B.—WRITE LEGIBLY. Items must be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should

F 43481

43481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Lennie Fitzgerald

(a) Residence: No. 347 S. Robinson St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Fitzgerald

6. DATE OF BIRTH (month, day, year) June 24, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66 65	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Coll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Byrnes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Leo F. Coll
(Address) 1006 S. Linwood Av

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 2, 1938

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St

20. FILED Feb 1 1938 Harrington Williams, Registrar

FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1938, to January 30, 1938

I last saw her alive on January 30, 1938 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Unknown

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman, M. D.

(Address) St. Joseph's Hospital

Information should be carefully supplied. AGE should be stated in years. Exact statement of information is very important. See instructions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

13482

HEALTH DEPARTMENT—CITY OF BALTIMORE

13482

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Pasge ave St., 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Allenbaugh

(a) Residence: No. 4309 Pasge ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. allenbaugh

6. DATE OF BIRTH (month, day, year) Feb. 13, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 78	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, cc. bookkeeper, etc. Retired plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. W. allenbaugh

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emily Collias

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Laura V. Allenbaugh

(Address) 4309 Pasge ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 2/2 38

19. UNDERTAKER Richard F. Lourby

(Address) 700 E. Biddle St.

20. FILED FEB 1 - 1938

Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1938 to Jan 30th 1938

last saw h alive on Jan 28 1938 Death is said to have occurred in the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Dec 1937
Other contributory causes of importance: Arteria Sclerosis	1933

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Mentzer M. D.

(Address) 1 W. Dreda ave

N. B.—WRITE PLAINLY, WITH INK. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13483 E 13483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 Xa

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Ramsay St. St. Life. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hoffman.

If U. S. Veteran specify WAR None.

(a) Residence: No. 2023 Ramsay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Hoffman.

6. DATE OF BIRTH (month, day, year) Jan. 13-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "At Home"

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. Brooks.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Herman Koehler.

(Address) 2023 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 1- 1938

19. UNDERTAKER Charles D. Schwab.

(Address) 505 N. Monroe St.

20. FILED Feb 1 1938 H. E. Williams, Jr.

FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1938 to January 30 1938

I last saw h alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1 yr
Auricular fibrillation	3 yr

Other contributory causes of importance:

Acute cardiac dilatation	1 day 3 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens ave

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13181 13184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4007 Forest Park Ave Ward)
Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Catherine Harrison
If U. S. Veteran specify WAR
(a) Residence: No. 4007 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John S. Harrison

6. DATE OF BIRTH (month, day, year) Jan. 5, 1864

7. AGE: Years 74 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER
13. NAME Vernon C. Lea
14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER
15. MAIDEN NAME Susan L. Raleigh
16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Mrs. Daniel S. Voos
(Address) 4007 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 1, 1938

19. UNDERTAKER Wm. Fickett Voss
(Address) North & Pine Sts.

20. FILED FEB 1 - 1938 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to Jan 29, 1938
I last saw h... alive on Jan 29, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. C. Davis M. D.
(Address) 817 Medical Arts Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13485 F 43485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Henry Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2801 Northern Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: -----

6. DATE OF BIRTH (month, day, year) July 31st 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---

10. Date deceased last worked at this occupation (month and year): --

11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Maynard E. Smith

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Hilda E. Schmidt

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mr. Maynard E. Smith

(Address): 2801 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Feb 1st 1938

19. UNDERTAKER: L. L. Lechner & Sons

(Address): Baltimore

20. FILED ..... 19..... Registrar

FEB 1 - 1938 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 30, 1938

I last saw him alive on Jan 29, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	
Peritonitis	
	over

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 29, 1938

For what disease or injury? Acute appendicitis.

Name of operation Appendectomy with draining of abdomen

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. B. Marek M. D.

(Address) Consulting Hosp.

N. B.—WRITE PLAINLY, WITH INKPENCIL OR PEN. This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43486

CERTIFICATE OF DEATH

✓46-E 43486

1. PLACE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2109 E. Eager St St., 7th Ward) 7-3

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Michael J. Brockmeyer

If U.S Veteran specify WAR ___

(a) Residence: No. 2109 E. Eager St. St., 7th. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Brockmeyer

6. DATE OF BIRTH (month, day, year) July 7th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Putty Hill Maryland

FATHER

13. NAME Frank Brockmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles A. Brockmeyer

(Address) 2109 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 3rd 1938

19. UNDERTAKER geo. M. Fink & Son

(Address) 811 N. Wolfe St.

FEB 1-1938 . 19 Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 . 1937 to Jan 31 . 1938

I last saw him alive on Jan 30 . 1938. Death is said to have occurred on the date stated above, at 9 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Atrophic Cirrhosis of Liver	?
	ditto

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

F 13187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13187

CERTIFICATE OF DEATH

V 108 OC

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 1572
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bay View St., 3 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E Walden

(a) Residence: No. 1417 Orleans St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: ~~HUSBAND of~~ WIFE of Aaron Walden

6. DATE OF BIRTH (month, day, year): 1869

7. AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Staton Tinsley (Negro)
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Gracie White (Negro)
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hattie Hall
(Address) 1417 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemtry Date Feb 1 — 1938

19. UNDERTAKER: Mrs Chas G Bailey
(Address) 1421 Jefferson St

FILED FEB 1 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	days
	Supp

Other contributory causes of importance: Valvular heart disease, Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F43488 F43488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1726 Fleet Street St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 55 yrs. ... mos. ... ds.

2. FULL NAME William Fabiszak — If U. S. Veteran specify WAR .....

(a) Residence: No. 1726 Fleet Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Catherine

6. DATE OF BIRTH (month, day, year) January 30, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Constable 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. People's Court

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 16yr.

12. BIRTHPLACE (city or town) (State or country) Sulzin Germany

MOTHER

13. NAME Joseph Fabiszak.

FATHER

14. BIRTHPLACE (city or town) (State or country) Sulzin Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Catherine Fabiszak.
(Address) 1726 Fleet St.

18. BURIAL, CREMATION OR REMOVAL
Place Holy Rosary Cem. Date Feb. 3, 1938

19. UNDERTAKER M. F. Sadowski & Sons.
(Address) 1808 Eastern Ave.

20. FILED ... Registrar.

FEB 1 - 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Jan 29, 1938

I last saw h[illegible] alive on Jan 29, 1938. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 28.

Other contributory causes of importance:

Asthma	?
Chronic Glomerulo Nephritis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo J. Jenlack M. D.

(Address) 265 S. Patterson Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43489 — CERTIFICATE OF DEATH — F 43489

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) John Hopkins Hospital (No.) (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Sarah Berkowitz

If U. S. Veteran specify WAR

(a) Residence: No. 812 Ashland Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Berkowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Berkowitz

(Address) 812 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2-1-38 19

19. UNDERTAKER Dorf Levi Inc

(Address) 1439 E. Baltimore St.

FILED FEB 1 1938 19 H. Lee Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Rhemuss M. D. Coroner

(Address) 1914 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43490 — CERTIFICATE OF DEATH — V36 — F 43490

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Nicholas Ave St. N-2 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard E. Dallam

If U. S. Veteran specify WAR .....

(a) Residence: No. 4209 Nicholas Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith E. Dallam

6. DATE OF BIRTH (month, day, year) Oct 12 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Elec

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benjamin F. Dallam

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary McNeir

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edith E. Dallam

(Address) 4209 Nicholas Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 1 1938

19. UNDERTAKER Philip Stewig Sons

(Address) 2016 Eastern Ave

20. FILED ... 19... Registrar

FEB 1 1938 Huntington Williams M.D. 1/31/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937 to Jan 29, 1938

I last saw him alive on Jan 25, 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blood stream infection of streptococcus viridans	
Other contributory causes of importance: Multiple Emboli	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) C. Carroll Lemmick M. D.

(Address) 4702 Harford Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THE ... MUST be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13191 13191

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Huron St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Bouvier

If U. S. Veteran specify WAR

(a) Residence: No. 2429 Huron St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Cau

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth B Bouvier

6. DATE OF BIRTH (month, day, year): Nov 26-1898

7. AGE: Years 39 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1-24-1938

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Emmitsburg Md

MOTHER

13. NAME: Emma Bouvier

14. BIRTHPLACE (city or town) (State or country): Md

FATHER

15. MAIDEN NAME: Emma Blankstone

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Elizabeth B Bouvier

(Address) 2429 Huron

18. BURIAL, CREMATION, OR REMOVAL:

Place Mt Auburn Cemetery Date Feb 2, 1938

19. UNDERTAKER: Frazier G. Cooper

(Address) 514 N. Calhoun St.

20. FILED FEB 1 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Jan 29 38

Other contributory causes of importance: No

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D. Coroner

(Address) 20 E. Lexington St.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 13192

13192 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John E. Schwinn, Sr.

(a) Residence: No. 718 McHenry St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. B. Schwinn

6. DATE OF BIRTH (month, day, year) June 11, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA 905

10. Date deceased last worked at this occupation (month and year) Jan. 28, 1938

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Schwinn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Hess

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary L. B. Schwinn

(Address) 718 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date Feb. 2 1938

19. UNDERTAKER R. Emmorsan

(Address) 1003 E. Baltimore St.

FILED FEB 1 1938 19 Registrar

Huntington, West Virginia

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43193

HEALTH DEPARTMENT—CITY OF BALTIMORE

43193

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 S. Stricker Street St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Nash

If U. S. Veteran specify WAR

(a) Residence: No. 447 S. Stricker Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis A. Nash

6. DATE OF BIRTH (month, day, year) March, 29 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Riebking

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Helen Roeth
(Address) 447 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 2 " 1938

19. UNDERTAKER A. Amoreau
(Address) 1003 West Baltimore Street

20. FILED FEB 1 - 1938 Huntington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938 to Jan 29, 1938

that I saw h alive on Jan 29, 1938 Death is said to have occurred on the date stated above, at 9.50 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance: Diabetes Mellitus, Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James B. Lazenby M. D.

(Address) Medical Arts. Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All items must be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 St. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Hohn

If U. S. Veteran specify WAR

(a) Residence: No. 1307 Andre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Wade

6. DATE OF BIRTH (month, day, year) Aug 8 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

FATHER

13. NAME — John Tillery

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME — Eliz Delaney

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 2 19 38

19. UNDERTAKER — Margaret E. Flynn
(Address) 1422 Light St.

Feb 1 1938 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from DEC 31, 1937 to JAN 30, 1938

I last saw her alive on JAN 30, 1938. Death is said to have occurred on the date stated above, at ... P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (over)	June 1937
Hepatic insufficiency	

Other contributory causes of importance:

Arteriosclerotic heart disease	
Heart Block	

Was an operation performed? Yes Date of Jan 26, 1938

For what disease or injury? Common duct stone

Name of operation Cholecystectomy & Exploration Common duct

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Caroline Jackson, M. D.

(Address) Johns Hopkins

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 43495 (Reynolds) F 43495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 W. Saratoga St. St., 4-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Dora Renyolds

(a) Residence: No. 524 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Reynolds

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Dora Amby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry Reynolds

(Address) 524 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 2, 1938

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Feb 1 1938 Katie R. Williams, Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

Her

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cereoral Hemorrnage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Allen, M. D.

(Address) 2757 W. Saratoga

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1 - 1938

V 6 6

Spec.—8-16-29—L. F. S.—100 Bks.

✓ F 43496

43496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Myrtle ave ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louise Celine

(a) RESIDENCE NO. 1017 Myrtle ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Celine

6 DATE OF BIRTH (month, day, and year) Dec. 28. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbia S. C.

PARENTS

10 NAME OF FATHER Godfrey Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Columbia S. C.

12 MAIDEN NAME OF MOTHER Susan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Columbia S. C.

14 Informant Helen Conway

(Address) 1012 Myrtle Ave

15 Filed FEB 1 - 1938, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30, 1938

17 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Jan 30, 1938, that I last saw h e alive on Jan 29, 1938 and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Heart Disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard, M. D.

1-31, 1938 (Address) 1043 myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Feb 2, 1938

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Schroeder

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

34078 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13497

CERTIFICATE OF DEATH

108 F 13497

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ada Schneider (Ada V. Snyder) If U. S. Veteran specify WAR .....

(a) Residence: No. 1640 Barnes St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abbott

6. DATE OF BIRTH (month, day, year) May 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill -

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date 2-2 1938

19. UNDERTAKER Mrs P. A. Elliott Daughter
(Address) 1231 N Carlton St

20. FILED 2/1/38 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1938 to Jan 28 1938
I last saw h[illegible] alive on Jan 28 1938 Death is said to have occurred on the date stated above, at 2 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 15 1938
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thomas A. Brem M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 43198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43198

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers of America Hosp St., ... Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Baggage

If U.S. Veteran specify WAR .....

(R) Residence: No. 306 E. Augusta St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (or) WIFE of Charles Baggage

6. DATE OF BIRTH (month, day, year) Sept 20 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME John Derr

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Margaret Hessley

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Mrs. A. W. Legg

(Address) 206 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Pk Date 2/2 38

19. UNDERTAKER Durward & Covington

(Address) 21 W. 25th St

FILED FEB 1 - 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1938 to Jan 30 1938

I last saw her alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease, Cerebral Hemorrhage & Hemiplegia (Left)	Jan 7, 1938
Other contributory causes of importance: Bronchopneumonia	Jan 25, 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so specify .....

(Signed) Lenard M. Hummel M. D.

(Address) 418 N. Lexington St

Vol. 7 Famous Lodge

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13199

HEALTH DEPARTMENT—CITY OF BALTIMORE

13199

123

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry D. Eben

If U. S. Veteran specify WAR

(a) Residence: No. 2047 Cecil ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Eben

6. DATE OF BIRTH (month, day, year) Sept 2 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry D Eben

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Amanda Bell

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Mary A Eben

(Address) 2047 Cecil ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2-3 1938

19. UNDERTAKER Thomas J Reed

(Address) 5205 Harford Rd

20. FILED ... 19 ... Registrar.

FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27-, 1938 to 1-31-, 1938

I last saw him alive on 1-31-, 1938. Death is said to have occurred on the date stated above, at 2:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforation, jejunum	1938
Peritonitis	1938
Bronchopneumonia	1938
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D Matthews Jr M. D.

(Address) University Hospital

13508

HEALTH DEPARTMENT—CITY OF BALTIMORE

13500

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 108 N. Fulton Ave St., 20-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James J. Driscoll

(a) Residence: No. # 108 N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8, ~~1883~~ 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Clerk~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John J. Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Swanson

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Mrs Mary J. O'Neill
(Address) # 108 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2 / 2 / 1938

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

19. FILED ..... 19 ..... Registrar.

FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1938 to Jan 30, 1938
that I last saw him alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia.	1/21/38

Other contributory causes of importance:
none

Was an operation performed? no. Date of —
For what disease or injury? none.
Name of operation none
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no ..... If so, specify .....

(Signed) Chas. Norton, M. D.
(Address) 883 N. Lombard St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K. Paul Schenck, M.D.

43501

HEALTH DEPARTMENT—CITY OF BALTIMORE

43501

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 White Ave. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME KATE M. DONNELLY

(a) Residence: No. 2913 White Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick F. Donnelly

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME John Wilson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Anne Hagerty
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anne C. Donnelly
(Address) 2913 White Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Feb 2 1938

19. UNDERTAKER John Ulrich
(Address) 2008 Saleem St

20. FILED FEB 1 - 1938, 19... Registrar. Huntington Hellmann, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec - 23, 1937, to Jan - 29, 1938.

I last saw her alive on Jan - 29, 1938. Death is said to have occurred on the date stated above, at 11.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Hip	

Other contributory causes of importance:
Generalized arteriosclerosis Senility -

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1/25/, 1938.

Where did injury occur? Stifford Street
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street.

Manner of injury Fall.

Nature of injury Fractured Hip.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. B. Boyle, M. D.

(Address) 5309 Harford Rd

Spec.—8-16-29—L. F. S.—100 Blks.

F 43502

43502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 73

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Sidney Ave ST., 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elsie ~~Bertrude~~ Married Renshaw

(a) RESIDENCE NO. 2233 Sidney Ave ST., 25th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced (or) WIFE of Alvin Renshaw

6 DATE OF BIRTH (month, day, and year) 2 June 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Essen Germany.

PARENTS

10 NAME OF FATHER Breil.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Husband Mr. Alvin Renshaw

(Address) 2233 Sidney Ave.

15 Filed FEB 1 1938, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 31 Jan 1938

17 I HEREBY CERTIFY, That I attended deceased from 18 Jan. 1938 to 31 Jan. 1938

that I last saw her alive on 30 Jan 1938

and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

(a) Tuberculosis - Pulmonary (1) 3 yrs.

(b) Gastritis, Acute. (2) 10 days

(duration) 3 yrs. mos.

CONTRIBUTORY (Secondary) Cardiac exhaustion

(duration) ... yrs. mos. 2

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Thaumen Wheeler, M.D.

31 Jan 1938 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Feb 3 1938

20 UNDERTAKER John Ullrich

ADDRESS 2008 Oak

mation should be carefully supplied. Age should be stated in last birthday. Exact statement of OCCUPATION is very important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified.

F 13503

13503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Greenmount Avenue St., 9-W Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME VERONICA COGGINS

(a) Residence: No. 2841 Greenmount Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard K. Coggins

6. DATE OF BIRTH (month, day, year) Sept. 2, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
31	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Frank Machube

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Richard K. Coggins
(Address) 2841 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb. 3 1938

19. UNDERTAKER Chas. H. Grace & Son
(Address) 118 W. Madison Ave

20. FILED ..... 19.... Registrar.

FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 19 38

22. I HEREBY CERTIFY, That I attended deceased from November, 19 37 to Jan 30, 19 38

I last saw h... alive on Jan 30 1938 Death is said to have occurred on the date stated above, at 11:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	about 2 yrs
Other contributory causes of importance: general weakness	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. E. Marx M. D.

(Address) 516 Cathedral St.

Information should be carefully recorded, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instructions on back of certificate.

13504 13504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Monastery Avenue St. 70-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR

2. FULL NAME WILLIAM E. GALLAGHER

(a) Residence: No. 309 N. Monastery Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
~~died~~ WIFE of Bertha E. Gallagher

6. DATE OF BIRTH (month, day, year) July 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME James D. Gallagher

14. BIRTHPLACE (city or town) (State or country) Howard County, Md.

MOTHER

15. MAIDEN NAME Caroline Baker

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mrs. Bertha E. Gallagher
(Address) 2306 East Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Feb. 2 1938

19. UNDERTAKER Chas. H. Bruce & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED FEB 1 - 1938 H. Eugene Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938 to Jan 30, 1938
I last saw him alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 8.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	about
Angina Pectoris	1-28-38

Other contributory causes of importance:
Obesity

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Lloyd Johnson M. D.

(Address) Catonsville, Md.

INFORMATION should be entered by the undertaker, so that it may be properly classified. Enter statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

F 13505

13505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4716 Frederick Road St., 28th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME MARY L. WARD

If U. S. Veteran specify WAR .....

(a) Residence: No. 4716 Frederick Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Ward

6. DATE OF BIRTH (month, day, year) July 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0127

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John O'Grady

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Martha E. Connelly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Edward L. Ward

(Address) 4716 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Feb. 3 1938

19. UNDERTAKER Chas. E. Francisco

(Address) 118 W. Mt. Royal Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16 1937 to Jan 30 1938

I last saw her alive on Jan 30 1938 Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	1936
Cerebral Hemorrhage	1-26-38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? From Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Milan M. D.

(Address) 682 Washington Blvd

B 1 — 1938

6 1-7

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13506 — CERTIFICATE OF DEATH — 7/21 — F 13506

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 7 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Raymond C. Nuttall

If U. S. Veteran specify WAR .....

(a) Residence: No. Ruthsville Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Madeline L. Nuttall

6. DATE OF BIRTH (month, day, year) Feby 27, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co. Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Marcus Nuttall

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Mabel Quackenbush

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Madeline L. Nuttall
(Address) Ruthsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Beloit Wis. Date July 2. 1938

19. UNDERTAKER Geo. Arnold Hill Sons Inc
(Address) 908 Eutaw Place

20. FILED FEB 1 - 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/38

22. I HEREBY CERTIFY, That I attended deceased from 1/27, 1938 to 1/31, 1938

I last saw him alive on 1/27, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	1/28/38
Sub-acute Appendicitis	

Other contributory causes of importance:

Acute Pulmonary Congestion

Was an operation performed? Yes Date of 1/28/38

For what disease or injury? Gall Bladder & Appendix

Name of operation Appendectomy & Cholecystotomy

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nachman Davidson, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION. Both are very important. See instructions on back of certificate.

F 43507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-9 F 43507

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Bond St., 7-5 Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hugh A. McCoy

If U. S. Veteran specify WAR

(a) Residence: No. 528 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) Aug 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hugh McCoy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James E. McCoy

(Address) 528 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemy. Date 2/1/38 19

19. UNDERTAKER John O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

20. FILED FEB 1 - 1938 19 Huntington Hathaway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938, to Jan 30, 1938

I last saw him alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/26/38
Other contributory causes of importance: Edema of Lungs	1/30/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION. Both are very important. See instructions on back of certificate.

V S 1

13508

HEALTH DEPARTMENT—CITY OF BALTIMORE

13508

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 George St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Hicks

If U. S. Veteran specify WAR .....

(a) Residence: No. 623 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 29. 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Quinty Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cennie May Hicks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Cennie May Hicks 623 George St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date Feb 3, 1938

19. UNDERTAKER (Address) Adolphus Halstead 623 George St

FILED FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938 to Jan 31, 1938

I last saw him alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchio-pneumonia	2 days

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. Garland Ahrnsbrak M. D.

(Address) 1584 Eutaw Pl

information should be carefully supplied. Any [illegible] that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13509) E 13509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 29963--CR

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 4-1 Ward)

Length of residence in city or town where death occurred 65yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Rice

(a) Residence: No. 730 E. Pratt St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-25-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Arnold

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurel Crest Date 2/1/38

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] Registrar.

B 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1938, to January 25, 1938

I last saw him alive on January 25, 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-25-38
Other contributory causes of importance: Cerebral Hemorrhage	1-13-38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms. DISEASE, INJURY, and/or MEANS by which it was caused. See instructions on back of certificate. OCCUPATION is very important.

13510 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13510

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Philadelphia Rd St.) 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Bach

if U. S. Veteran specify WAR No Record

(a) Residence: No. 3906 Philadelphia Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rosa Bach

6. DATE OF BIRTH (month, day, year) Mar 22 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Large

10. Date deceased last worked at this occupation (month and year) 934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Bach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unkum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosa Bach

(Address) 3906 Philadelphia Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 2nd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ..... Registrar

FEB 1 — 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) did find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. Monument

Information should be carefully supplied. Any uncertainty must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Use

F 13511 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13511

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Valley St St., 9-9 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Ward

If U.S. Veteran specify WAR No. Record

(a) Residence: No. 1321 Valley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of John H. Ward

6. DATE OF BIRTH (month, day, year) Sept. 19, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov., 1937

11. Total time (years) spent in this occupation 61 yrs

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME William S. Hantz

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Elizabeth Taylor

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT (Address) John H. Ward 1321 Valley St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 3/38

19. UNDERTAKER (Address) William Cook 1217 St Paul St. Huntington Williams, N.Y.

20. FILED FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from about 2 years, 19 , to Feb 1, 1938, 19

I last saw h[illegible] alive on Feb 1 - 1938 19 Death is said to have occurred on the date stated above, at 12[10] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis "Valvular Lesions"	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. G. Cruston M. D.

(Address) 634 Gramax Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Indicate OCCUPATION is very important. See instructions on back of certificate.

13512

HEALTH DEPARTMENT—CITY OF BALTIMORE

13512

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Cathedral St. 11-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W Lee

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1009 Cathedral St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) M. Rose Lee

6. DATE OF BIRTH (month, day, year) Dec 26 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis Lee

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Irene Barale

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Hazel S. Lee

(Address) 516 Wyanoke Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Pk. 2-1-38

19. UNDERTAKER W. M. Cook

(Address) 1217 St Paul St

20. FILED FEB 1 - 1938 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 0, 1935 to Jan 26-1938, 19

I last saw him alive on Jan 26, 1938. Death is said to have occurred on the date stated above, at 11:32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 31-38
Other contributory causes of importance: Cerebral Arterio Sclerosis	Before 35

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed) Andrew C. Gillis M. D.

1033 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

13513

HEALTH DEPARTMENT—CITY OF BALTIMORE

13513

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Whitridge St. 12-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry R Rusker If U.S. Veteran specify WAR. No Record

(a) Residence: No. 402 Whitridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov 8-1880

8. AGE: Years 57 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Prudential

10. Date deceased last worked at this occupation (month, day, year): Jan 1-1935

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Paul Rusker

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Lovinia Lincke

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Roberta Krug
3226 Gwynn Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL: Place Holden Park Date Feb 3rd 1938

19. UNDERTAKER: Wareham Cook
(Address) 1217 St Paul St

Huntington Williams N.Y.
Registrar

FEB 1-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan-31-38

22. I HEREBY CERTIFY, That I attended deceased from December 31 1934 to Jan 31 1938

I last saw him alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Dec 31 1934
Arteriosclerosis &	Dec 1934
Hypertension	Dec 1934

Other contributory causes of importance:
hypocardial hypertrophy. dilatation.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Rusker M. D.

(Address) 18 E Eager St Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 43514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43514

CERTIFICATE OF DEATH

Registered No. 428-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Norwood Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Thomas H. Gibson

(a) Residence: No. 4714 Norwood Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Fannie E. Gibson

6. DATE OF BIRTH (month, day, year) April 14 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Gibson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Tankersley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Fannie E. Gibson

(Address) 4714 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dork Town Date Feb 2nd 1938

19. UNDERTAKER Wm Bolt

(Address) 1217 St. Paul St

20. FILED Huntington Williams Jr FEB 1 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1937 to Jan 30 1938

I last saw him alive on Jan 27 1938 Death is said to have occurred on the date stated above, at 1:55 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion Jan 30

Angina Pectoris

(Has had several attacks since November 14th)

Other contributory causes of importance:

Arterio-sclerosis Duration ?

Hypertension " Date of ?

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wallace Roblett M. D.

(Address) 2220 Harford

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

13515 F 13515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Race St. St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph W. Couch

(a) Residence: No. 1029 Race St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherin Couch

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph W. Couch

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Mrs Ethel Roepke 1029 Race St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/2 19 38

19. UNDERTAKER (Address) J. F. & C. Cully 130 E. Fayette St.

20. FILED 19 Registrar

Huntington Williams, N.T.

EB 1-1938

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Allen M. D.

Coroner

(Address) 2257 W Mrs

Information should be written in ink and in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Calloway

HEALTH DEPARTMENT—CITY OF BALTIMORE

43516 43516

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11 W. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Charles L. Calloway

If U. S. Veteran specify WAR

(a) Residence: No. Beckley, W. Va. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Cooper Calloway

6. DATE OF BIRTH (month, day, year) January 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME John A. Calloway

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Dr Robert Hairston

(Address) Beckley W. Va

18. BURIAL, CREMATION, OR REMOVAL

Place Beckley W. Va Date Feb 7 38

19. UNDERTAKER Harry H. Wirtz Co

(Address) 1101 Edmondson Ave

20. FILED ..... 19 ..... Registrar .....

FEB 2 1938 Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1938 to Feb. 1, 1938

I last saw him alive on Feb. 1, 1938 Death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/29/38

For what disease or injury? Carcinoma of Colon

Name of operation Resection Colon, Entero-Enterostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Scarlough Jr. M. D.

(Address) Maryland Gen'l Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly coded.
OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-8

E 13517

13517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Lamont Ave. St., 9-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Henry Ferber

(a) Residence: No. 1610 Lamont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Ferber

6. DATE OF BIRTH (month, day, year) Feb. 13, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 5	11	14 7/8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Ferber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Laura Ferber
(Address) 1610 Lamont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Date 2/3/38 . 19

19. UNDERTAKER L. Heemann & Son.
(Address) 32 S. Broadway

FILED FEB 2 1938 Williams, N.R. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/38 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1717 E. North Ave

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

13518

HEALTH DEPARTMENT—CITY OF BALTIMORE

13518

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3748 Beechave St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jacob Williams Muse

If U. S. Veteran specify WAR

(a) Residence: No. 3748 Beechave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Tucker Muse

6. DATE OF BIRTH (month, day, year) Mar. 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distilling

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ralls Mo.

FATHER

13. NAME Nelson Muse

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Marion Cole

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. H. Lee Muse
(Address) 3748 Beechave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 2 1938

19. UNDERTAKER Wm. H. Tucker Sons
(Address) North & Pa Ave.

20. FILED ... 19... Registrar

No. 1938

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1929 to Jan 31, 1938

Last saw him alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at 4.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1924
Other contributory causes of importance: Bronchial pneumonia	1/25/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lingard Kemp M. D.

(Address) 303 Cathedral St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

13519

HEALTH DEPARTMENT—CITY OF BALTIMORE

13519

CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6125 Everall Ave. St., 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME EMMA NAUMANN

(a) Residence: No. 6125 Everall Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Naumann

6. DATE OF BIRTH (month, day, year) July 11.1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (Ditto)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alvin Stirzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Schardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Naumann
(Address) 6125 Everall Ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cem. Date Feb.3.1938

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. T. Sander
(Address) Baltimore & Broadway.

20. FILED FEB 9 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.31.1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938 to Jan. 31, 1938

I last saw her alive on Jan. 31, 1938 Death is said to have occurred on the date stated above, at 2.35p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of heart	
Chronic myocarditis	
Cedema of lungs	
Other contributory causes of importance:	
Arteriosclerosis	
Embolism 3 yrs. ago causing paralysis lt. side	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert G Wolcott, M. D.

(Address) 6409 Belair Road

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate.
OCCUPATION is very important.

13520

HEALTH DEPARTMENT—CITY OF BALTIMORE

13520

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N. 37th St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary F. Filberg

If U. S. Veteran specify WAR —

(a) Residence: No. 1021 N. 37th St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George N. Filberg

6. DATE OF BIRTH (month, day, year): Dec. 23-1866

7. AGE: Years 71 | Months 1 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

FATHER

13. NAME: Belleson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Barbara Gover

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: George N. Filberg

(Address) 1021 N. 37th St.

18. BURIAL, CREMATION OR REMOVAL

Place: Woodlawn Date: Feb. 3 - 1938

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED ... 19 ... Registrar.

FEB 2 - 1938

Huntington Williamsport, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 31 . 1938

22. I HEREBY CERTIFY, That I attended deceased from October 15 1937 to Jan 31 1938

I last saw h[illegible] alive on Jan 31 1938 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset Oct 15 37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Blood examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur J Davies, M. D.

(Address) 800 W Biddle St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

13521

HEALTH DEPARTMENT—CITY OF BALTIMORE

13521

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 2

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Jackson

(a) Residence: No. 3 May Ave, Towson St., Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Jackson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel Air Md

FATHER

13. NAME Samuel Anderson

14. BIRTHPLACE (city or town) (State or country) Bel Air Md

MOTHER

15. MAIDEN NAME Caroline Wilson

16. BIRTHPLACE (city or town) (State or country) Bel Air Md

17. INFORMANT Aaron Jackson

(Address) 3 May Ave Towson

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date 2-3- 1938

19. UNDERTAKER Byson & Jamie W. Wright

(Address) 1218 Inc & Derry St

20. FILED FEB 2 1938 Registrar Huntington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1.25. 1938 to 1.31. 1938

I last saw h[illegible] alive on 1.31. 1938 Death is said to have occurred on the date stated above, at 2:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1.26.38

Other contributory causes of importance:

Trona

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James D Carr M. D.

(Address) 515 Master St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43522

CERTIFICATE OF DEATH

V 46-CF 43522

25-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Moody

(a) Residence: No. 1700 Spence St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred H Woody

6. DATE OF BIRTH (month, day, year) April 25 1899.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Moody

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Christina Gottleib

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mildred H Woody

(Address) 1700 Spence St.

18. BURIAL, CREMATION OR REMOVAL

Place Forest Date 2/1 1938

19. UNDERTAKER Edward Foreman

(Address) 2309 Wash Blvd

Filed FEB 2 1938 19 Huntington Baltimore Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Carcinoma ascending colon	?

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, state (1)

(Signed) M. Nanna M. D. Coroner

(Address) 1822 W. Baltimore St.

INSTRUCTIONS: Fill in DEATH in plain terms, so that it may be properly coded. State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

3529 40

HEALTH DEPARTMENT—CITY OF BALTIMORE

13523

CERTIFICATE OF DEATH

131

JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6-5 St. Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William McCray

(a) Residence: No. 1600 Orleans St., Ward. Asylum 2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/16/00

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jane McCray

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 21 1938

19. UNDERTAKER E O Wilson

(Address) 1001 Brantley Ave

20. FILED ..... 19..... Registrar.

FEB 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1937 to Jan 28, 1938

I last saw him alive on Jan 28, 1938 Death is said to have occurred on the date stated above, at 7.03 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant neoplasm of prostate Carcinomatosis	1936
Uremia	Dec 27

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frederick M. Hanes M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43524

CERTIFICATE OF DEATH

✓ 46 4 43524

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Collington Ave. St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Hays

If U. S. Veteran specify WAR .....

(a) Residence: No. 608 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Hays

6. DATE OF BIRTH (month, day, year) April 24 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 20 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Hays

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Henrietta Hays
(Address) 608 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/3/38

19. UNDERTAKER Philip Sterling Sons
(Address) 2016 Orleans St

20. FEB 2 - 1938 Registrar.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1938 to Jan 31 - 1938

I last saw h... alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 10
Coronary Sclerosis	37

Other contributory causes of importance: acute Cardiac dilatation

Was an operation performed? No Date ..... 19..

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred Clay Hagner M. D.

(Address) 608 N. Collington Ave

F 43525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98 F 43525

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Bond St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. da. How long in U. S. If of foreign birth 84 yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME Budget A. Leonard

(a) Residence: No. 1624 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of the late Patrick H. Leonard

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Gantley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Guthrie

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Thomas Leonard

(Address) 1624 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date Feb. 3 1938

19. UNDERTAKER Henry Theobald Sons, Inc.

(Address) 301 E. Eager St.

20. FILED 1938 Registrar.

FEB 2 - 1938 Huntington W. Virginia, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1938 to Jan. 31 1938

I last saw h alive on Jan 31 1938 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene	about Jan 15 1938
Other contributory causes of importance: Hypostatic pneumonia	Jan 30 1938

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Horak M. D.

(Address) 101 W. Read St.

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43526 — CERTIFICATE OF DEATH — V 96 — F 43526

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Federal St St. 12-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa M. Rice

(a) Residence: No. 419 Federal St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 13, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23 yrs	9 mo.	17 da	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pvt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisburg Va

MOTHER

13. NAME F. N. William Rice

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Minnie L. Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Minnie Rice
(Address) 419 Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Park Date 2/2 1938

19. UNDERTAKER Frances A. Venable
(Address) 378 W. Baddle St Huntington Md

FEB 2 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Wolfe, M. D. Coroner

(Address) 1331 E. North Ave

V 5 6

F 43527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43527

CERTIFICATE OF DEATH

√95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp'l St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Wallace Mills

(a) Residence: No. 851 W. Fayette St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 5-16-1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent Peddler 0672

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life Ins Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Mills

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Anna Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT U. S. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 2nd 1938

19. UNDERTAKER Wm Rock
(Address) 1217 St Paul st

20. FILED 19 ..... Registrar

FEB 2 - 1938 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1938, to February 1, 1938.

I last saw him alive on February 1, 1938. Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Lawtelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43528

CERTIFICATE OF DEATH

46-7 F 43528

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman B. Siegel

If U. S. Veteran specify WAR World War

(a) Residence: No. 2532 Park Heights Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)
Balto. Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Kirsch Siegel

6. DATE OF BIRTH (month, day, year) Jan. 27, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
45	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Poland Russia

FATHER

13. NAME Jacob Siegel

14. BIRTHPLACE (city or town) (State or country) Poland Russia

MOTHER

15. MAIDEN NAME Fannie Zolnik

16. BIRTHPLACE (city or town) (State or country) Poland Russia

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Harmony Burial Date 2-2-38, 19

19. UNDERTAKER Jack Levine Inc
(Address) 1434 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1937, to February 1, 1938

I last saw h... alive on February 1, 1938. Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of rectum with metastasis to liver	June 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-13-37

For what disease or injury? Cancer of rectum

Name of operation Biopsy of rectum

What test confirmed diagnosis? Cl. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital, Balto. Md.

State CAUSE OF DEATH in plain words. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43529 ✓ 82-a F 43529

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Ferndale Ave St. 28-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 25 mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

If U. S. Veteran specify WAR

2. FULL NAME Katharine Bernadine Byrne

(a) Residence: No. 3305 Ferndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress fitter 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store 69

10. Date deceased last worked at this occupation (month and year) Jan 3 1938

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter J. Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred A. Dyer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Minnie R. Byrne
(Address) 3305 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date Feb 3 1938

19. UNDERTAKER Harry H. Amacost
(Address) 4201 Ridgewood Ave

20. FILED FEB 2-1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938 to Feb 1, 1938

I last saw h[illegible] alive on 2 1938 Death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:

Cerebral arterio-sclerosis with hyper tension — Date of onset

Other contributory causes of importance: Cerebral hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1410 Liberty Hts

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Reid

F 13530 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13530

CERTIFICATE OF DEATH V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 Lawrence St., 14 Ward)

Length of residence in city or town where death occurred V yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mrs. Mary Reid

(a) Residence: No. 573 Lawrence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B.	Widowed

3a. If married, widowed or divorced HUSBAND of (or) WIFE of James Reid

6. DATE OF BIRTH (month, day, year) 1/24/07

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	2	12 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 0 0

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER / FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Esther Baxter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lottie Bates
(Address) 573 Lawrence

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 3 1938

19. UNDERTAKER V. A. Brooks
(Address) 1462 N. Carey St

20. FILED FEB 2 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/38

22. I HEREBY CERTIFY, That I attended deceased from 1/24/38 to 1/31/38

I last saw her alive on 1/27/38 and she died at 7:30 A.M.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

I. Pneumonia Flu 1/31/38

Other contributory causes of importance:

Hard work

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Lee Shiver M. D.

(Address)

See instructions on back of certificate.

OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43531

CERTIFICATE OF DEATH

210-M

F 43531

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial (Ward) 21-2

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Kenneth Llewellyn Wilhelm

(a) Residence: No. 7 Ireland Maryland St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 19 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland, Maryland

FATHER

13. NAME Philip Henry Wilhelm

14. BIRTHPLACE (city or town) (State or country) Ireland, Md

MOTHER

15. MAIDEN NAME Mary Lenora Diffenderffer

16. BIRTHPLACE (city or town) (State or country) New Freedom Penna.

17. INFORMANT Philip Henry Wilhelm

(Address) Ireland Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Cemetery 2-4 1938

19. UNDERTAKER Chenoweth & Son

(Address) 3615 Chestnut Avenue

20. FILED FEB 2 - 1938 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	1-31

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1-31 1938

Where did injury occur? Cockeysville, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto accident

Nature of injury Crushed Abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert A. Gundry Jr. M. D.

Coroner

(Address) 1211 N. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13532

CERTIFICATE OF DEATH ✓ 82-a F 13532

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 14 Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph George Tantleroy

If U. S. Veteran specify WAR

(a) Residence: No. 2121 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellen Tantleroy

6. DATE OF BIRTH (month, day, year) June 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 8/31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Tantleroy

14. BIRTHPLACE (city or town) (State or country) Martinsburg W Va

MOTHER

15. MAIDEN NAME Lucy Christopher

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

17. INFORMANT Ellen Tantleroy
(Address) 2121 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Feb 14 1938

19. UNDERTAKER Archibald S. Hutchins
(Address) 2151 McCulloh St.

20. FILED ..... 19 ..... Registrar

FEB 2 - 1938 Huntingtown Maryland, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1. 27. 1938 to 1. 30, 1938

I last saw h.. alive on 1. 30, 1938. Death is said to have occurred on the date stated above, at 1 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1. 27.

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James F. Carey, M. D.

(Address) 512 Mulberry St

GPK

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13533 13533

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Wilkens ave 20-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Magovern If U. S. Veteran specify WAR

(a) Residence: No. 2104 Wilkens ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John McGovern

6. DATE OF BIRTH (month, day, year): Oct 24. 1861

7. AGE: Years 76 | Months 3 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Stephen McGowan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret O'Hara
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Thos. St. Leger 2104 Wilkens ave

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem. Date Feb. 3 19 38

19. UNDERTAKER (Address): Margaret J. Flynn 1424 Light St

20. FILED 19 Registrar.

FEB 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/31/38. 19

22. I HEREBY CERTIFY, That I attended deceased from June 19 31 to January 31 19 38

I last saw her alive on January 30 19 38 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of cardiovascular-renal disease

Cerebral hemorrhage

Date of onset: 1/31/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Stacy, M. D.

(Address) 3803 Edmondson Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 13534

13534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Zelda Stone

(a) Residence: No. 1133 E. Lombard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Nathan Stone

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Meusel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Kuhnun

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Stone

(Address) 1132 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date Feb 2 1938

19. UNDERTAKER Sol Levinson Bros

(Address) 1124-26 W Baltimore

20. FILED FEB 2 - 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1712 E. North Ave

State CAUSE OF DEATH in plain terms. So that it may be classified. OCCUPATION is very important. See instructions on back of certificate.

FEB 5 - 1938

VSS

13535 ✓ F 13535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals, 86 c c

CITY OF BALTIMORE: (No.) Bay View St., (Ward)

Registered No. 1877

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Carolyn Harris

(a) Residence: No. 918 Greenmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 17-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) (State or country) S. Hampton Va.

MOTHER

15. MAIDEN NAME Kathleen Kemp

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Kathleen Harris (Mother.)

(Address) 918 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/3 1938

19. UNDERTAKER Cayne Sanders

(Address) 1413 E. Preston St.

20. FILED 19 Registrar

FEB 2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	Day
No definite cause	

Other contributary causes of importance: Not known

Was an operation performed? No Date of

For what disease or injury?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood, M. D. Coroner

(Address) 1712 N. Bond St.

state CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13536

F 13536

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles E. Finnegan

(a) Residence: No. # 209 N. High Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brass Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Finnegan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Fagan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Eugene J. Finnegan

(Address) # 528 E. 23th, Street.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2 / 3 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED FEB 2 - 1938 19 Limington Fitzhugh Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel D Wolfe M. D.
Attending Physician or Coroner

(Address) 1331 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

13537 E 13537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1872

1. PLACE OF DEATH Baltimore City Hospital 35a ee
CITY OF BALTIMORE: (No. Bay View St. 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Samuel Garnett
(a) Residence: No. 414 E. 22½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Fannie Garnett

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia Georgia

FATHER
13. NAME Frank Garnett (Colored)
14. BIRTHPLACE (city or town) (State or country) Columbia Georgia

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Columbia Georgia

17. INFORMANT Henry Garnett (Son)
(Address) 110 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/3 1938

19. UNDERTAKER Rayner Sanders
(Address) 1413 E Preston St

FEB 2 - 1938 Henry for Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Jan 17 days
Uremia	
Other contributory causes of importance: Cerebral Hemorrhage	Jan 31 hours

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Ward M. D.
Coroner
(Address) 1712 E. Baltimore St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V S 6

3538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43538

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 17-2173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John L Latimer

(a) Residence: No. 2206 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn Latimer

6. DATE OF BIRTH (month, day, year): April 1-1905

7. AGE: Years 32; Months 8; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer - odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Alamota Ga

FATHER

13. NAME: John Latimer Sr

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs Evelyn Latimer 2648 Brown St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Date Feb. 2. 38

19. UNDERTAKER (Address): Mrs Geo. H. Hubbard 10 E. Read St Hollins 2

Huntington

20. FILED FEB 2 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held the last professional interview with deceased on the date and from the evidence had obtained from the investigation and from the records find that said deceased came to death on the day stated above.

(Signed) Antipyrin (Interest, Attorney or Inquiry)

Antipyrin his (Interest, Attorney or Inquiry)

The principal cause of death and related causes of importance were as follows:

Gun shot wound of lung & spine — Date of onset Jan 29 1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Jan 29 1938

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place 2300 Oak St

Manner of injury Gun shot by 32 caliber

Nature of injury Copper jacketed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

13539 13539

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2769 Tivoly Ave. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Vimp

(a) Residence: No. 2769 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Daniel Vimp

6. DATE OF BIRTH (month, day, year) Aug 30. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Baer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ann Elizabeth Schutt

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Caroline Miller
(Address) 2769 Tivoly Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date Feb 3 1938

19. UNDERTAKER Mc Mrs. John W. Teufel & Son
(Address) 501 W. Lafayette St.

20. FILED 19 Registrar.

No. 133.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1938

22. I HEREBY CERTIFY, That I attended deceased from January 25 1938 to January 31 1938

I last saw her alive on Jan 31 1938. Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic Intestinal Nephritis	
Cerebro Sclerosis	

Other contributory causes of importance:

Gall Stone
Bronchitis Chronic

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 2001 Shannon Drive

17

Spec—(2-23-21—E.B.R.S.—400 Bks.

13540 F 43540

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 Allendale St. St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Adams

(a) Residence No. 601 Allendale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of (1854)

6-DATE OF BIRTH (month, day and year) Nov 4 1856

7-AGE. 81 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (Produce Dealer)

(b) General nature of industry, business, or establishment in which employed (or employer) 0045

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Emmitsburg Md

PARENTS.

10-NAME OF FATHER. Stephen Adams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Emmitsburg Md.

12-MAIDEN NAME OF MOTHER. Annie Donnelly

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Emmitsburg

14- (Informant) mrs Emma Lyons

(Address) 601 Allendale

15-

Filed 19 Registrar.

FEB 2 1938

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Feb 1 1938

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Feb 1 1938

that I last saw h alive on Feb 1 1938

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows: Terminal Bronchopneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 7 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) L. A. Lally, M. D.

, 19 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Emmitsburg Md DATE OF BURIAL. Feb 4 1938

20-UNDERTAKER. Martin Bailey & Son ADDRESS 1827 E. North

In plain terms, as brief as consistent with clearness. See instructions on back of certificate.

13541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Bauerlein 1517 E. North Ave

F 13541

53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Tunbridge Rd. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Daniel Bag

(a) Residence: No. 611 Tunbridge Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marjorie Parish

6. DATE OF BIRTH (month, day, year) Oct - 29th 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Henry Bag.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Martha Bettenhausen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothea E. Bag

(Address) 611 Tunbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL Prospect Hill, Towson date 2 | 3 | 38 19

19. UNDERTAKER Geo. Zeltenhaus

(Address) 2503 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 | 31 | 38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8 | 27 | 37 to 1-31-38

I last saw him alive on 1-31- 38. Death is said to have occurred on the date stated above, at 11.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic sarcoma of parotid gland.	8/27/37.
Other contributory causes of importance: Metastasis to lung.	12/20/37
Cachexia. Cardiac tonic	1/30/38

Was an operation performed? Removal Date Lt parotid 8/27/37

For what disease or injury? Removal Lt parotid gland

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo A Bauerlein M. D.

(Address) 1517 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

FEB 2 - 1938

✓ F 13542

13542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 E Lexington St., (If not in hospital or institution, give its NAME instead of street and number.) Ward) 5-2 93-C

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Perry Lewis

(a) Residence: No. 1124 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Old Age Pension

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Joseph Lewis
(Address) 405 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Calvary Cemtry Date 2-2 19 38

19. UNDERTAKER Mrs Chas H. Bailey
(Address) 1421 Jefferson St
Huntington West Virginia

2-1938

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset about Nov 1 1937

Other contributory causes (importance):

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12543

43543

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital 12-3 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert H. Rennie

(a) Residence: No. 2622 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, BUSBAND of (or WIFE of) Celia Rennie

6. DATE OF BIRTH (month, day, year) June 11 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME William Rennie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Catherine Govan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Celia Rennie
(Address) 2622 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy Cathedral Date 2/3/ 1938

19. UNDERTAKER J. J. Moran
(Address) 3500 E. Baltimore

20. FILED 2-2-1938

OCCUPATION is very important. See instructions on back of this page.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 - 29 1938 to 1 - 31 1938

I last saw him alive on 1 - 31 1938 Death is said to have occurred on the date stated above, at 10 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertensive cardio	
vascular renal disease	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. F. Evans M. D.

(Address) Md. General Hospital

13544 E 13544

13544 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 142 N. Streeper St., 6-1 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Claire E. Ryan

(a) Residence: No. 142 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stephen D. Ryan

6. DATE OF BIRTH (month, day, year) Nov. 13 1874

7. AGE: Years 63 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn. George County

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER
15. MAIDEN NAME dont know
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mary E. Bromwell 142 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb. 5, 38

19. UNDERTAKER John A. Inman
(Address) 5000 E. Baltimore

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938 to Feb 11, 1938

I last saw h[illegible] alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1-1937

Other contributory causes of importance: Acute Cardiac Dilat — Date of onset 2/11/38

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William J. Rycarek, M. D.
(Address) 801 Leadenhall St

OCCUPATION is very important. See instructions on reverse side.

2 [illegible]

13545

HEALTH DEPARTMENT—CITY OF BALTIMORE

13545

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sheldon Hance

If U.S. Veteran specify WAR

(a) Residence: No. 815 S. East Ave St., Balto Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence House

6. DATE OF BIRTH (month, day, year) Mar. 10th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard E. House

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Florence House

(Address) 815 S. East Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Ceme Date Feb. 5, 1938

19. UNDERTAKER H. Sander & Son., Inc. Lloyd Sander

Baltimore St. & Broadway

20. FILED FEB 2-1938 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back as to what is wanted.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1938 to 2/2 1938

I last saw h, alive on 2/1 1938 Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchogenic carcinoma of lung - Lt. upper — Date of onset March

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis Sanders M. D.

(Address) Sinai Hospital

F 43546

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 F 43546

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 2-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Chrzanowski

If U. S. Veteran specify WAR World War

(a) Residence: No. 1733 Bank St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophie Pockowski

6. DATE OF BIRTH (month, day, year) May 15, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Presser

10. Date deceased last worked at this occupation (month and year) Oct. 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Suwze Poland

FATHER

13. NAME Peter Chrzanowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME V. Tofila

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb 6th 1938

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann St.

FILED FEB 2 -- 1938 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1938 to February 2, 1938.

I last saw him alive on February 2, 1938 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	1-30-38.
Gangrene, infective, rt. lung	2-1-38
Cardiac disease, rheumatic	1932

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C. & P. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) [illegible] M. D.

(Address) U.S. Marine Hospital, Balto. Md.

OCCUPATION IS NOT INDUSTRY

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

13547 F 13547

CERTIFICATE OF DEATH

29753--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospls. St. 1-3 Ward) 11 7-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Kwaitkowski or Kwiatkowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 613 S. Glover St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) 6-23-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md. Canada

FATHER

13. NAME Kashmer Kwiatkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Imalla

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospls.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feby 5th 1938

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St.

Huntingtown Pallbearer, Md.

Registrar

FILED 2-8-1938

OCCUPATIONS IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1938 to 2-1, 1938

I last saw him alive on 2-1, 1938 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured peptic ulcer before	10/14/37
Massive hemorrhage due to hemorrhage	unknown
Biliary fistula	1/22/38
Other contributory causes of importance:	
Post-operative shock	2/1/38

Was an operation performed? Yes Date of 1/6/38 & 2/1/38

For what disease or injury? Peptic ulcer. Biliary fistula

Name of operation Gastric resection. Closure fistula

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp

13548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E 13548

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., Ward

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bettie V. Eckenrode

(a) Residence: No. 1712 Springdale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George E. Eckenrode

6. DATE OF BIRTH (month, day, year) Jan. 29, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John M. Yingling

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Warfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Guy Eckenrode

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Pl Fst. 5 1938

Place Westminster Date

19. UNDERTAKER J. Francis Rose

(Address) Westminster, Md.

20. FILED 19 (Registrar)

Huntington Williams Agt

2-1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/31/38. 19 to 2/2/38. 19

I last saw her alive on 2/2/38. 19 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Inflammatory Carcinoma of Cecum

Date of onset ?

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? Yes Date of 1/31/38

For what disease or injury? Carcinoma of Cecum

Name of operation Resection of Cecum

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl E. Bryan M. D.

(Address) Union Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13549 13549

CERTIFICATE OF DEATH

X 156-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. [illegible] Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. .....mos. 7 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Edward McNeil

If U. S. Veteran specify WAR

(a) Residence: No. 1234 S. Rose St. St., ...Ward. Philadelphia, Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) Provident Hospital - Balto. Md.

18. BURIAL, REMOVAL, OR REMOVAL
Place Philadelphia, Pa. Date 2-2 1938

19. UNDERTAKER Robert H. Young & Co.
(Address) 804 W. Caroline St.

20. FILED FEB 2 - 1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1938 to 2/2 1938

I last saw h.. alive on 2/1/38 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	1/25
Cellulitis of Left Knee Thigh.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13550 13550 107-a

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 9-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Michael J. Brady

(a) Residence: No. 1655 Carswell St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Govt

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas J. Brady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Roddy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/3/38

19. UNDERTAKER Mary M. Fredefeld & Sons
(Address) Boyle & Mayhood

FEB 2 - 1938 (Signed) Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937, to January 31, 1938.
I last saw him alive on January 31, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bronchial	1-28-38
Osteomyelitis, right femur	June 1937
	now

Other contributory causes of importance:

Was an operation performed? Yes Date of See other side

For what disease or injury? Osteomyelitis, rt. femur

Name of operation See other side

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. B. Anderson, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

13551 F 13551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W Cook

(a) Residence: No. 1722 McCulloh, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Marion Cook

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mamie Havens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mamie L. Cook

(Address) 1706 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Calvary Date Feb. 2 '38. 19

19. UNDERTAKER Mrs Geo H. Holland

(Address) 1631 Pennsylvania Ave

20. FILED FEB 2 1938, 19. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence (Inquest, Autopsy or Inquiry) and that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Acute Bronchio Pneumonia — Date of onset Jan 24 1938

Other contributory causes of importance: Fractured Spine — Dec 14 1937

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Hosler Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-14-37

Where did injury occur? Home 1722 McCulloh
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from window

Nature of injury Fractured Spine at 1722 McCulloh

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George L. Allen, M. D.

(Address) 850 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43552 CERTIFICATE OF DEATH VX137 F 43552

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)

Length of residence in city or town where death occurred 68 yrs. 2 mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Mr. Fairfax Harrison If U. S. Veteran specify WAR Xond.

(a) Residence: No. Bethia R. Fauquier Co. Virginia Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hetty F. Harrison

6. DATE OF BIRTH (month, day, year) Mar-13-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired C.E.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. President

10. Date deceased last worked at this occupation (month and year) October 24/37

11. Total time (years) spent in this occupation New York City

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Burton N. Harrison

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Constance Cary

16. BIRTHPLACE (city or town) (State or country) ? ? ? Va.

17. INFORMANT Mrs. R. A. Jackson (Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Feb 4/38

19. UNDERTAKER Jos. Gawler's Sons (Address) Washington, D.C.

20. FILED ..... 19 ..... Registrar.

FEB 9 - 1938 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1937 to Feb. 2, 1938

I last saw him alive on Feb. 2, 1938 Death is said to have occurred on the date stated above, at 6:41 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 1/28/38

Other contributory causes of importance:

Prostatic Hypertrophy benign
Cardio vascular Renal Disease

Was an operation performed? Yes Date of Jan 20, 1938

For what disease or injury?

Name of operation Prostatectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin P. Jewett M.D.

(Address) 1115 St Paul St City

Sallie J Mason

13553 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13553

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH 2710 Winchester St 16-7
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 30 — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Sallie J Mason
(a) Residence: No. 2710 Winchester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) May 11 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Md

FATHER
13. NAME Jno C Thomas
14. BIRTHPLACE (city or town) (State or country) Deals Island Md

MOTHER
15. MAIDEN NAME Sallie J Thomas
16. BIRTHPLACE (city or town) (State or country) Deals Island Md

17. INFORMANT Mollie Killon (Daughter)
(Address) 2710 Winchester St

18. BURIAL, CREMATION, OR REMOVAL Place Oakmont Date Feb 3 1938
19. UNDERTAKER Robert Brooks Sons
(Address) 17 S Calhoun St

20. FILED FEB 8 1938 Registrar Huntingtown Williamsport, Md

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1/38 19

22. I HEREBY CERTIFY, That I attended deceased from January 30 1938 to February 1 1938
I last saw her alive on Feb 1 1938. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about 6 mo duration
Broncho-pneumonia	about Jan 26/38
Other contributory causes of importance: Arterio-sclerosis	?

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, what was the relation?

(Signed) Walter Mullett M. D.
(Address) 2220 Winchester St

HEALTH DEPARTMENT—CITY OF BALTIMORE

13554 — 30311 (M) — 13554

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Zelma Morris

(a) Residence: No. 800 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/31/1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Feb 3rd 1938

19. UNDERTAKER Elroy O Wilson
(Address) 1600 Pratt St

20. FILED FEB 3 - 1938 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1938 to 2-1, 1938

I last saw h[illegible] alive on Feb 2 1, 1938. Death is said to have occurred on the date stated above, at 4.45 p m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Broncho-PNEUMONIA	2

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Irvine Fradkin M. D.

(Address) B. C H

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43555 4-82-A F 43555

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 34-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War.

2. FULL NAME Rhoda Smith

(a) Residence: No. 1024 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Alfred Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lula Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Lula Smith

(Address) 1024 Argyle

18. BURIAL, CREMATION, OR REMOVAL Feb.

Place Balto. National Date Jan. 31 1938

19. UNDERTAKER Thos O Wilson

(Address) 1100 Braxton ave

20. FILED FEB 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) said that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Jan 30 1938

Other contributory causes of importance: none

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen Coroner, M. D.

(Address) 5 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13553 — CERTIFICATE OF DEATH — 34-J-95-B — 13556

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Connor

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2216 Kirk Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Connor

6. DATE OF BIRTH (month, day, year) 8/6/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Electric Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 4th 1938

19. UNDERTAKER Wm Cook
(Address) 127 St. Paul St

FEB 3 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1938, to February 1, 1938.

I last saw him alive on February 1, 1938. Death is said to have occurred on the date stated above, at 9 00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1936
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. de Sparkle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

13557 13557

CERTIFICATE OF DEATH 29411-59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Lukehart

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 5210 Alhambra Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24-1883 1-24-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Swarts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 4th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED FEB 5 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1937 to 2-1 1938

I last saw her alive on 2-1 1938 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic gangrene left foot	Indefinite
Diabetes mellitus	Indefinite

Other contributory causes of importance

Was an operation performed? Yes Date of 1-26-38

For what disease or injury? Amputation left leg

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#30402

F 13558

CERTIFICATE OF DEATH

✓146

F 13558

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 20-6 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sutherland, marjorie

(a) Residence: No. 335 Ponthill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David John Sutherland

6. DATE OF BIRTH (month, day, year) 1/9/02

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME William Kane

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Margaret Kane

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb 5th 1938

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED Feb 8 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 1/30 , 1938 to 2/2 , 1938

I last saw her alive on 2/2 , 1938. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	1/30/38
Pulmonary Edema	2/2/38
Other contributory causes of importance:	
Post-Partum Shock	2/1/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Charles L. Yordland M. D.

(Address) Balto. City Hospitals

V S 2

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43559 F 43559

CERTIFICATE OF DEATH.

✓ 93-C

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2515 St. Calvert (St.) 12-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) To Hos Record

2-FULL NAME Mrs. Anna Catharine Soper.

(a) RESIDENCE No. 2515 St. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs mos da How long in U. S., if of foreign birth? ✓ yrs ✓ mos ✓ da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (a) WIFE of ~~HUSBAND of~~ Wm J. Soper.

6 DATE OF BIRTH (month, day, and year) May 31-1850

7 AGE: Years 87 | Months 10 | Days ✓ | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (City or town) (State or country): Kent County Md.

PARENTS

10 NAME OF FATHER Simon G Swart

11 BIRTHPLACE OF FATHER (City or town) (State or country): New York State

12 MAIDEN NAME OF MOTHER Martha R Austin

13 BIRTHPLACE OF MOTHER (City or town) (State or country): New York State

14 Informant (Address): Mrs. Evelyn LeRoy 2515 Calvert St

15 Filed ____, 19__ Received ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 2 1938

17 I HEREBY CERTIFY, That I attended deceased from January 24. 1938. to Febry 2. 1938.

That I last saw her alive on Febry 2. 1938.

and that death occurred, on the date stated above, at 12.05 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

✓

(duration) 10 hrs — mos — da.

CONTRIBUTORY (Secondary) Senility

(duration) — yrs — mos. — da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

2/2 1938 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Feb 4 1938

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

13560 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13560

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Park Ave. Ward) 11-3

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Crump

If U.S. Veteran specify WAR No Record

(a) Residence: No. 510 Park Avenue Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Amy Crump

6. DATE OF BIRTH (month, day, year) Dec 27th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Keighley England

FATHER

13. NAME Henry Crump

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Helen Wyer

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Amy Crump

(Address) 510 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 3rd 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Huntington Williams, M.D.

FEB 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1938 to Jan 31 1938

I last saw him alive on Jan 31 1938 Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan
Complicated with Pneumonia	over
Other contributory causes of importance:	
Edema of Lungs	1938

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Gray M. D.

(Address) 600 N. Howard St

OCCUPATION IS VERY IMPORTANT.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13561

CERTIFICATE OF DEATH

X186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samual Miller

(a) Residence: No. Elkton Md RF D 5 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hilda Miller

6. DATE OF BIRTH (month, day, year) Aug. 5, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thom. S. Miller

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mariet H. Rose

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mariet Miller

(Address) Elkton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rising Sun Md Date Feb 6 19 38

19. UNDERTAKER J E Gheen Undertaking

(Address) Elkton Md

Filed Feb 3 1938 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of L. Femur	
Pulmonary Embolism	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Jan. 27 1938

Where did injury occur? Elkton. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from Roof

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify While working

(Signed) P. H. Weller, M. D.

(Address) 2757 W 12th St Coroner

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

USE

F 43562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108 F 43562

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 302 W Carey St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward W. Young

If U. S. Veteran specify WAR .....

(a) Residence: No. 802 W. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Young

6. DATE OF BIRTH (month, day, year) Oct 7, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME John Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Celia Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irene Young

(Address) 711 W. Fremont.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 5 1938

19. UNDERTAKER James A Stayer

(Address) 1542 Westfield St

20. FILED FEB 3 1938 H. Finlayson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Feb 1, 1938

I last saw him alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 28
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) M Ewalan, M. D.

(Address) 803 W. Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13563

CERTIFICATE OF DEATH

V 131 F 13563

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward 28-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Beatson Bell

If U. S. Veteran specify WAR

(a) Residence: No. 3108 Howard Park Ave, Ward City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary E. Bell 1871

6. DATE OF BIRTH (month, day, year) May 26- ~~1866~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 Yr	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept of Comm.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Beatson J. Bell.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Catherine Hunt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary E. Bell

(Address) 3108 Howard Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Flushing N.Y. Date Feb 3" 38

19. UNDERTAKER Geo. F. Beyer Jr

(Address) 1517 Hollins St. Baltimore, Md

20. FILED Feb 3 1938 Huntington Williams, Md

Registrar.

Shipped to Jamaica N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from December 20 1937 to February 2. 1938

I last saw him alive on February 2. 1938 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal disease	? 1928

Other contributory causes of importance:

None

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H. Lives M.D.

(Address) Union Memorial Hospital.

FEB 3 1938

13561 Sherill

HEALTH DEPARTMENT—CITY OF BALTIMORE

13561

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Franklin Square Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1625 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sherill If U. S. Veteran give WAR

(a) Residence: No. 209 Whalcott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jno Sherill

6. DATE OF BIRTH (month, day, year) June 26 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbotton Ga.

FATHER

13. NAME DK

14. BIRTHPLACE (city or town) (State or country) DK

MOTHER

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) DK

17. INFORMANT Jno Sherill Jr
(Address) 209 Whalcott St

18. BURIAL, CREMATION, OR REMOVAL
Place Date 2/3 19 38

19. UNDERTAKER T. E. Kalom
(Address) 1203 Pulaski St.

FILED FEB 3 - 1938 Huntington Williams, M. D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 19 38

22. I HEREBY CERTIFY, That I last saw the deceased alive on 1-31 19 38 and that to the best of my knowledge and belief death occurred on the date and hour stated above. Cause of death was as follows:

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Femur Fibula (Comp.)	1-29
Shock	

Other contributory causes of importance:

Was an operation performed? No Date of 1-30-38

For what disease or injury? Fx. Injection

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-29 19 38

Where did injury occur? Potter Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Pedestrian — Struck by Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams M. D. Coroner

(Address) 22 E. Chase St.

OCCUPATION is very important. See instructions on back.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13565

CERTIFICATE OF DEATH

95-B

F 13565

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3929 Bonner Rd. Ward) 45-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Morris Goldberg

(a) Residence: No. 3929 Bonner Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/3/38 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E Baltimore St

Filed FEB 3 1938 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/38 19

22. I HEREBY CERTIFY, That I attended deceased from June 19 37 to Feb. 2, 19 38

I last saw h. alive on Nov. 19 37 Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Other contributory causes of importance: Acute Cardiac Failure	15 Minutes

Was an operation performed? No Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. Solomon M. D.

(Address) 2340 Eutaw Place

VA 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43566 ✓ 131 F 43566

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1936 Brunt St (St.) 14-3 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella L Tripp

If U. S. Veteran specify WAR .....

(a) Residence: No. 1936 Brunt St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Tripp

6. DATE OF BIRTH (month, day, year) Feb 2 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goochland Co Va

FATHER

13. NAME Daniel Schools

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Caroline Bundy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Hines

(Address) 1936 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. 2/3/ 1938

19. UNDERTAKER Frances G. Hensley

(Address) 526 W. Biddle St

FEB 3 - 1938 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1938

I HEREBY CERTIFY, That I attended deceased from November 27 1937 to ... 1938

I last saw her alive on January 31 1938. Death is said to have occurred on the date stated above, at 8:60P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	11-7-36
Other contributory causes of importance: Arteria Sclerosis	11-7-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Physical etc Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. Wright M. D.

(Address) 1764 Pennsylvania Ave

13567 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 13567

CERTIFICATE OF DEATH V 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 St Paul St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kausler Stubbard

If U. S. Veteran specify WAR None

(a) Residence: No. 1010 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Mills Stubbard

6. DATE OF BIRTH (month, day, year) April 28 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfr's Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year) Jan 31-38

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Orange Co Virginia

FATHER

13. NAME Charles D. Stubbard

14. BIRTHPLACE (city or town) (State or country) New Orleans La.

MOTHER

15. MAIDEN NAME Mary Josephine Allen

16. BIRTHPLACE (city or town) (State or country) Orange Co.

17. INFORMANT Mrs J. K. Stubbard (wife)

(Address) 1010 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Feb 3 - 38

19. UNDERTAKER Stewart & Company

(Address) 108 W Mt Royal Ave.

Huntington Williams, Registrar

20. FILED FEB 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by such Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

Samuel O'Wolfe M. D.

(Address) 1331 North Ave

OCCUPATION is very important.

USE INK

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13568

CERTIFICATE OF DEATH

82-B 13568

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Guilford Avenue St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME CLARA LAVINIA TALL

(a) Residence: No. 2513 Guilford Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) May 15, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seminary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William K. Tall

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara A. Meekins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Eileen Mills (Sister)
(Address) 2513 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 5 1938

19. UNDERTAKER Fred A Krause & Charles St
(Address) 1216 S

FILED ... 19 ... Registrar

Huntington Hillcrest, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:30 P.M. Feb. 1, 1938 to February 2, 1938

I last saw her alive on February 1, 1938 Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Cerebral Hemorrhage	7 P.M.	Feb.1 1938
Other contributory causes of importance:		
Arteriosclerosis		Unknown
Hypertension		Unknown

Was an operation performed? No Date of ----

For what disease or injury? -----

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Cerebral Hemorrhage

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Gottwald M. D.

(Address) 401 E. 25th Street

F 13569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13569

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Mequith St., 9-9 Ward) Registered No. 943

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry K. Barrett If U. S. Veteran specify WAR

(a) Residence: No. 1825 Mequith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances A Barrett

6. DATE OF BIRTH (month, day, year) December 7, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Frederick Barrett
14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Emma Haines
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frances A. Barrett
(Address) 1825 Mequith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Cem. Date 2-5-35

19. UNDERTAKER Joyce & Friend
(Address) Edmondson & Fayette

20. FILED 19 Registrar

FEB 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest / Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl Schaefer, M. D.
Coroner
(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43570

CERTIFICATE OF DEATH

93-CF 43570

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Spaulding ave St., 27-18 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Burnett

(a) Residence: No. 3605 Spaulding ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Stay

6. DATE OF BIRTH (month, day, year) April 1, 1835

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
102	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John Burnett

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Lillian Walther

(Address) 3605 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Pk. Date Feb 3, 1938

19. UNDERTAKER Roland L. Zirkler

(Address) 612 N. Monroe St.

20. FILED ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938 to Feb 1, 1938

I last saw him alive on Jan 26, 1938. Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Other contributory causes of importance: Senile deterioration	?

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Physician

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Hill M. D.

(Address) 4531 Reisterstown Rd.

OCCUPATION IS VERY IMPORTANT

V83

13571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 13571

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Division St. St., 14-3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie M. Hughes

(a) Residence: No. 1915 Division St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 24, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	30 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Wesley Hughes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie ETTa Pinder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. LillieP. Barnett

(Address) ~~1915 Division St.~~

18. BURIAL, CREMATION, OR REMOVAL.

Place, Cambridge Md Date Feb. 7, 1938

19. UNDERTAKER Josh E. Locke

(Address) 1302 Druid Park Lake Dr

20. Filed FEB 8 1938, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938 to Jan 31, 1938

I last saw h[illegible] alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Jan 28 1938

Hemiplegia (left) — (1938)

Int[illegible] Nephritis

Other contributory causes of importance:

Marked Hypertension — 1937

Uremia Manifestations — Jan 30, 1938

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? physical + lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. T. Young M. D.

(Address) 1429 Eutaw Pl

V 5 5

Spec—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13572

13572

CERTIFICATE OF DEATH.

59

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 Walker Ave. (St.) 27-8 (Ward)

2. FULL NAME Mary Frances Webb.

(a) RESIDENCE NO. 517 Walker Ave. ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in City or Town where death occurred 35 yrs. 5 mos. — dys. How long in U. S., if of foreign birth? — yrs. — mos. — dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Samuel Martin Webb.

6 DATE OF BIRTH (month, day, and year) April 14, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer): own home.

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Mt. Carmel, Balto. County Md.

PARENTS

10 NAME OF FATHER Stephen Horace Miller

11 BIRTHPLACE OF FATHER (city or town) Mt. Carmel (State or country) Baltimore County Md

12 MAIDEN NAME OF MOTHER Elizabeth S. Chilcoat

13 BIRTHPLACE OF MOTHER (city or town) Butler (State or country) Baltimore County Md

14 Informant (Address): Mrs. Samuel M. Webb. 517 Walker Avenue

15 Filed FEB 3 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 3rd 1938

17 I HEREBY CERTIFY, That I attended deceased from January 27, 1938, to February 2nd, 1938

that I last saw her alive on February 2nd, 1938

and that death occurred, on the date stated above, at 12 22 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) — yrs. 2 mos. — dys.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis 5 yrs. Diabetes mellitus 3 yrs.

(duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) A. S. Chalfant M. D.

2-3rd 1938 (Address) 6210 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel, Balto. Co.

DATE OF BURIAL: Feb 5 1938

UNDERTAKER: Wm. C. Brooks & Son

ADDRESS: York

TION is very important. See instructions on back

13573 Stephen J. Glawacki

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 13573

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 6-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Stephen J Glawacki

(a) Residence: No. 2501 E. Fairmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Glowacki

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Rose Brzychowski

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Stephen Glowacki

(Address) 2501 E Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

St Stanislaus Date Feb. 6 1938

19. UNDERTAKER G W Ogrozowski

(Address) 1930 E Eastern Ave

20. FILED FEB 3 - 1938 at Baltimore, Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1938 to Feb 1 1938

I last saw him alive on Feb 1 1938. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-27-38

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gilbert E. Ludeman M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13574 — F 13574 — 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Howard Park ave St., 28 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Justice Vagt — If U. S. Veteran specify WAR .....

(a) Residence: No. 3128 Howard Park ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (not Remarried)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie M. Vagt

6. DATE OF BIRTH (month, day, year) Nov. 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov. Printing Office

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Justice Vagt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Trautmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mollie M. Vagt
(Address) 3128 Howard Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 3, 1938

19. UNDERTAKER Frederick A. Cole
(Address) 2100 W. Lombard St.
Huntington Williams, Mgr.

FEB 3 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 31, 1938

I last saw him alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Jan 27
Other contributory causes of importance: Endocarditis	Jan 8

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. C. Grimm, M. D.

(Address) 4509 Liberty Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13575 29939 F 13575

CERTIFICATE OF DEATH

9-495-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Cook

(a) Residence: No. 2717 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Cook

6. DATE OF BIRTH (month, day, year): 1-31-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	65	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Nathan Cober

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Martha Perry

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Penn Date: Feb 4 1938

19. UNDERTAKER: Charles P. Powell
(Address) 2427 E. Monument Son Ave.

20. FILED: Huntington Williams, Asst.
FEB 3-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1938. to January 31, 1938.

I last saw her alive on January 31, 1938. Death is said to have occurred on the date stated above, at 7.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santibe M. D.

(Address) Baltimore City Hospitals

EGL

✓ F 13576

13576 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

11-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1905 Kennedy Ave St., (Ward) 8

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine E. Lenberger. If U.S. Veteran specify WAR ...

(a) Residence: No. 1905 Kennedy Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Rate	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Bernard Lenberger.

6. DATE OF BIRTH (month, day, year) Nov. 17th 71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife. 0137

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. City.

FATHER

13. NAME Jos Sneezers.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eliz. Hepfer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Bernard Lenberger 1905 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 4th 1938

19. UNDERTAKER (Address) Guy M. Brickley 811 N. Carey St.

20. (Filed) Feb 8 - 1938 [illegible]

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 1st. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to Feb 1st 1938

I last saw her alive on Feb 1st 1938. Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Influenza & Bronchial Pneumonia	1/25/38
(b) Dilated heart	
Other contributory causes of importance: Myocarditis	

Was an operation performed? No Date of X

For what disease or injury? X

What test confirmed diagnosis? Clinical symptoms

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? No Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, (specify) No

(Signed) Otto H. Duke M. D.

(Address) 9282 Nott St.

F 43577

43577 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. MULBERRY ST St., 4-1 Ward)

Length of residence in city or town where death occurred yrs 3 How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME CARL B. OPOLONY

(a) Residence: No. 110 W. MULBERRY ST. St., Ward. New York N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB. 3- 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	10 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT. THE RAIL GRILL

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME CARL OPOLONY

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME JULIA WRANIK

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT EMIL OPOLONY (BROTHER)
(Address) NEW YORK CITY. N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date FEB. 4 1938

19. UNDERTAKER Lilly & Zeilenhn.
(Address) 407 S. HOLLY ST.

20. FILED 1938 Registrar

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 30 19 38

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day and hour stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Renal Disease	1936
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arnold Pollock M. D. Coroner

(Address) 133 E. Madison St.

43578 ✓ F 43578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4 E. Henrietta St. 22-1 Ward)

Length of residence in city or town where death occurred 79 yrs. ..... mos. 22 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Matilda C Baker

(a) Residence: No. 4 E. Henrietta St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Gustav A Baker

6. DATE OF BIRTH (month, day, year) Jan 10 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	22+1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Bender

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Cora B Mitchell
(Address) 2615 Keyworth ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date Feb 4 1938

19. UNDERTAKER William Jr Marech
(Address) 715 Eagle St

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 38 to Feb 1 1938.

I last saw her alive on Feb 1 1938. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1930
Chronic Nephritis	1930
Other contributory causes of importance:	
Cerebral Hemorrhage	Jan 25 '38

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? P. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lee D. Richter M. D.

(Address) 122-25th St

E 13579

13579

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto Gen. Hosp 22-1 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A Gallagher

(a) Residence: No. 506 William St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna K Gallagher

6. DATE OF BIRTH (month, day, year) July 15 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Gallagher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth A Bians

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret Kress
(Address) 1312 Pentalona St

18. BURIAL, CREMATION, OR REMOVAL
Place Swartz Cemetery Date Feb 5 1938

19. UNDERTAKER William M Marech
(Address) 715 Light St

20. FILED Huntington Williams Registrar.
Feb 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1938 to 2-2, 1938

I last saw h alive on 2-2, 1938 Death is said to have occurred on the date stated above, at 11 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Fibroid Tuberculosis Pulmonary Congestion	1-1-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) South Balto. Gen. Hosp.

(Wighard) ✓ F 13580

13580 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Dorothy Wighard

If U. S. Veteran specify WAR .....

(a) Residence: No. 1740 Eastern Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced (or) WIFE of Herbert B. Wighard

6. DATE OF BIRTH (month, day, year) 11-13-1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Pottsville Penna.

FATHER

13. NAME William Mayo

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

MOTHER

15. MAIDEN NAME Jane Davies

16. BIRTHPLACE (city or town) (State or country) Port Arthur Canada

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa Date Feb 4, 1938

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 1808 Eastern Ave

20. 2-3-1938, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-31-38, 1938, to 2-3, 1938

I last saw her alive on 2-3, 1938. Death is said to have occurred on the date stated above, at 8:25 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	1-27-38
Pneumonitis	2

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L T Cassaby, M. D.

(Address) Mercy Hospital

VS 9

34-119 F 13581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Bruckner

If U. S. Veteran specify WAR

(a) Residence: No. 4209 Sherbirth St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D.

6. DATE OF BIRTH (month, day, year) Jan 27-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Thomas

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME May Causey

16. BIRTHPLACE (city or town) (State or country) N C -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-5-38 19

19. UNDERTAKER F. B. Skipper & Son
(Address) 324 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1938 to Feb 2 1938

I last saw her alive on Feb-2 1938 Death is said to have occurred on the date stated above, at 12 25 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - benign	

Other contributory causes of importance:

None	

Was an operation performed? Yes Date of Jan 15, 1938

For what disease or injury? Brain Tumor

Name of operation Left Craniotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

..... If so, specify .....

(Signed) Warren Thomas Plass M. D.

(Address) Johns Hopkins Hospital

VA 3

✓F 43582

3582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Portugal St., 1-5 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Katarzyna Truszkowska

(a) Residence: No. 2221 Portugal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Truszkowski

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Sukowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kukowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Peter Truszkowski
(Address) 2221 Portugal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Feb. 4 1938

19. UNDERTAKER Stephen J. Fulkowski Inc.
(Address) 1000 S. Kenwood Ave.

20. FILED ..... 19..... ..... Registrar.

8-1938

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Feb 1, 1938

I last saw h.. alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at 7 26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease with anasarca Myocardial failure	Jan 12
Other contributory causes of importance: None	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Kennedy M. D.

(Address) 842 S. Eaton Ave.

M. D. B. 1268-9

F 13583

3583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 East Fayette St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna V. Pickering (Mrs. Vernon J.)

(a) Residence: No. 2118 E. Fayette Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Vernon J. Pickering

6. DATE OF BIRTH (month, day, year) April 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Riley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Bosley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Vernon J. Pickering

(Address) 2118 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb. 5/38 19

19. UNDERTAKER

(Address) 4101 Edmondson Ave.

20. FILED 19 Registrar.

B 4-1938

OCCUPATION is very important. See INSTRUCTIONS on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 19 37, to Feb 2, 19 38

I last saw her alive on Feb 2, 19 38. Death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Uremi	1-21-38
	Jan 2

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Conrad Aston M. D.

(Address) Medical Arts Bldg.

3584 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 3584

CERTIFICATE OF DEATH

✓ 107-W

1. PLACE OF DEATH General German Aged Home

CITY OF BALTIMORE: (No. Athol Ave. Irvington St., 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Danneberg

If U. S. Veteran specify WAR .....

(a) Residence: No. Athol Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Otto Danneberg

6. DATE OF BIRTH (month, day, year) April 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	10 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Philip Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Hinkle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT General German Aged Home (Address) Athol Ave. Irvington

18. BURIAL, CREMATION, OR REMOVAL Baltimore Feb. 4/38

19. UNDERTAKER Henry A. Luther (Address) 4101 Edmondson Ave.

20. FILED FEB 4 - 1938 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10/38. 19.... to Feb. 2/38. 19.... I last saw her alive on Feb. 1/38. 19.... Death is said to have occurred on the date stated above, at 10.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan. 9/38.
Other contributory causes of importance:	
Arterio-Sclerosis.	Unknown.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signature) Wm. Keats Lucas M. D.

(Address) 936 Hanover St.

F 13585

13585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4325 Harford Rd St., 77-2 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M Hartman

If U.S. Veteran specify WAR No Record

(a) Residence: No. 4325 Harford Rd St., Ward.

(Usual place of abode) 17 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: Husband of (or) WIFE of Harry Hartman

6. DATE OF BIRTH (month, day, year) Nov 13-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sewyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Cocksgurtle Md

FATHER

13. NAME Anton Mack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Werner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Virginia Mack (Address) 4325 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place St Vincents (Texas Md) Date Feb 5th 1938

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED FEB 4 - 1938 [illegible] Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1938 to Feb 3 1938

I last saw her alive on Feb 1 1938. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1-26-38

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Gordy M. D.

(Address) 5706 Harford Road

3586 E 13586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 9 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George Thompson (Thomson) (29954)

(a) Residence: No. 714 Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) April 13, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fin Dressing Co

10. Date deceased last worked at this occupation (month and year) 11

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Thomson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Patterson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 5th 1938

19. UNDERTAKER Wm Cook

(Address) 12 St. Paul St

20. FILED Feb 4 - 1938 Thurlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1938 to February 2, 1938

I last saw him alive on February 2, 1938 Death is said to have occurred on the date stated above, at 12:30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	June 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L M Curtis M. D.

(Address) Balto. City Hospitals

M. D. P. 1268-9

F 43587

43587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp. St. 8-3 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion ~~Marion~~ Burrows

(a) Residence: No. 1221 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Burrows

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Virginia

MOTHER FATHER

13. NAME Benedict Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Rhodes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs J. J. Burrows
(Address) 1221 N Linwood

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2-5-38 19

19. UNDERTAKER John F. Fahey & Sons
(Address) 1318 Light St.

20. FILED FEB 4 - 1938 19 ~~Huntington~~ Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1938 to Feb. 2 1938

I last saw h[illegible] alive on Feb. 2 1938 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1-26-38

Other contributory causes of importance:

Arteriosclerotic cardiovascular disease

Name of operation [illegible] Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. T. Dofflagha M. D.

(Address) Franklin Sq. Hospital

13588

HEALTH DEPARTMENT—CITY OF BALTIMORE

13588

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hillery Holton

(a) Residence: No. 404 George St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Holton

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Saunders

(Address) 540 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Feb 4 1938

19. UNDERTAKER

(Address)

FEB 4 - 1938 19

Registrar for Baltimore, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Caronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Sellman M. D.

(Coroner)

(Address) 3757 Keswick Rd

F 43589

HEALTH DEPARTMENT—CITY OF BALTIMORE

13589

CERTIFICATE OF DEATH

140-91a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital St., 1237 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Margret Pearl Schneider

(a) Residence: No. 3934 Elm ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John E. Schneider

6. DATE OF BIRTH (month, day, year) June 4, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc: Trans oper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 5037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Buffenbaugh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Kraus

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jennie Schneider (Address) 3934 Elm ave

18. BURIAL, CREMATION, OR REMOVAL Loudenwood Date Feb 5, 1938

19. UNDERTAKER Thanhauser Bros. (Address) 3615 Chestnut Ave.

20. FILED Feb 7 1938 Thomas Williamson, Registrar

B 2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	Jan 25
Other contributory causes of importance: Staphylococcus Endocarditis	Jan 25

Was an operation performed? Yes Date of Jan 5 - 38

For what disease or injury Incomplete Abortion

Name of operation Manual Dilation Curettage Date of Jan 25 - 38

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury Jan 25 - 38 Hour 9 A.M.

Where did injury occur? At home Completed at (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Self induced abortion

Nature of injury Criminal abortion

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm A Crane M. D. Coroner

(Address)

43590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 43590

CERTIFICATE OF DEATH ✓ 22650 (MB)

1. PLACE OF DEATH — Registered No. 16-381

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Baker — If U. S. Veteran specify WAR

(a) Residence: No. 1712 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1/8/1903 ~~1905~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 37 46	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Mallisse Lowrey

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 2/5/38

19. UNDERTAKER Thomas E. Kelson
(Address) 1202 Presstman St

20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to February 1, 1938.

I last saw him alive on February 1, 1938. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-29-38
Other contributory causes of importance: Amyotrophic Lateral sclerosis unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. de Santelle M. D.

(Address) Baltimore City Hospitals

FEB 4 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

E 13591

E 13591

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 S. Charles St. St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY C. LAMBDIN

(a) Residence: No. 1828 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Lambdin

6. DATE OF BIRTH (month, day, year) Jan. 6. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1 0	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Leffler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Spedden

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. John W. Lambdin (Husband)
(Address) 1828 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Feb. 5. 1938
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS. INC
(Address) Balti ore & Broadway.

20. FILED FEB 4 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2. 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 19 37 to Feb. 2nd 19 38

I last saw h alive on Feb 1 19 38 Death is said to have occurred on the date stated above, at 9.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	Dec 37
Other contributory causes of importance: Carcinoma	1925

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

John Robey ✓ F 13592

13592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) President Hospital 17-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Robey
(a) Residence: No. 550 Archard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

FATHER
13. NAME John Robey
14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER
15. MAIDEN NAME Laura A Williams
16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Emma Lewis
(Address) 1139 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Auburn Date 2-0 1938

19. UNDERTAKER Jas. Jr. Skinner
(Address) 1139 Myrtle Ave

20. FILED 1938 Registrar
4-2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1938

22. I HEREBY CERTIFY, That I last saw [illegible] alive on [illegible] and that I last saw him alive on [illegible] and that [illegible] death occurred on the date stated above.
(Signed) Autopsy
(Signed) Autopsy
Dr

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Fractured Skull	Jan 30 1938
(b)	
(c)	
(d)	

Other contributory causes of importance

Was an operation performed? — Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Jan 30, 1938

Where did injury occur? 550 Archard ST Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was hit by 18 in iron pipe

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 5 E Lexington St

Janie R Smallwood ✓ F 43593

43593

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Mosher St., 14 Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Janie R. Smallwood

(a) Residence: No. 1729 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	R.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Smallwood

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Rumbold

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mattie Johnson

(Address) 1729 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date 2/5 1938

19. UNDERTAKER Frances A. Hemsley

(Address) 548 W. Biddle St.

20. FILED ... 19... M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/38 6/4/28 , 19

22. I HEREBY CERTIFY, That I attended deceased from 6/1/38 , 19... to 2/3/38 , 19

I last saw ... alive on 2/3/38 , 19... Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Thiss , M. D.

(Address) 634 Mosher St.

B4 - 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

13591 13591

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Bay View St., 13 Ward 4

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alice Coulee

(a) Residence: No. 347 Camp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (HUSBAND of / WIFE of) Joseph Coulee

6. DATE OF BIRTH (month, day, year) Nov. 10-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Ann Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Benjamin Coulee (Address) 419 E. 24th St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Date Feb 3 1938

19. UNDERTAKER Wm. H. Elliott-Douglass (Address) 439 Caroline St.

20. FILED FEB 4-1938 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1938

22. I HEREBY CERTIFY, That I saw the body of the remains described above, held an (Inquest or Inquiry) and from the evidence obtained by said (Inquest or Inquiry) and that said deceased came to (Inquest or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Embolism	Jan. 31-1938
	Same
Other contributory causes of importance: Arterio-Sclerosis	Same

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43595 — CERTIFICATE OF DEATH — 93-C F 43595

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Madison St., 7-5 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ureas Benjamin Cook

(a) Residence: No. 1541 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Cook

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Ann Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Frederick Shearer

(Address) 1541 Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Marley Church Cem Date Feb 7- 1938

19. UNDERTAKER Robert F Williams

(Address) 2015 McElderry St

20. FILED Feb 4 1938 Registrar Huntington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 - 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence (Inquest, Autopsy or Inquiry) I find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Other contributory causes of importance: Chronic Nephritis

Date of onset: Feb 2 1938 about Dec 1937

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Jorge L Allen M. D.
Coroner

(Address)

V S 6

340743 E 43596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a E 43596

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsina Coles

If U. S. Veteran specify WAR .....

(a) Residence: No. 240 N. Montford St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/11/99

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Meadows

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Arelta Brown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Relas.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 6 1938

19. UNDERTAKER Robert T. Williams
(Address) 15-15 McElroy St

20. FILED FEB 4 1938 19..... Registrar.

Huntington Ave Wilkens Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938 to Feb 1, 1938

I last saw her alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Feb 1 38
Bronchopneumonia	Jan 30 38
Other contributory causes of importance:	
Dyslemia	Jan 26 38

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. C. Pearrell M. D.

(Address) Johns Hopkins Hosp.

V 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13597 — CERTIFICATE OF DEATH — 107-a F 13597

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Florence Marie Haff — If U. S. Veteran specify WAR

(a) Residence: No. 3706 Fairview Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (~~wife of~~) Thomas Jos Haff

6. DATE OF BIRTH (month, day, year) April 20, 1888

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	49	9	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

FATHER

13. NAME John Peake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia E. Bond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Johnson D. Peake

(Address) 313 Tuscany Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 5 1938

19. UNDERTAKER Wm. J. Tiefenthaler & Sons

(Address) North & Pennsylvania Ave

20. FILED FEB 4 - 1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/28/38 1938 to 2/3 1938

I last saw h.er alive on 2/3 1938. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Broncho-pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. T. Lusansky M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13598 × 131 F 13598

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida May Culver

If U. S. Veteran specify WAR

(a) Residence: No. 119 Colonial Rd St., Rochester N.Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (HUSBAND) (or) WIFE of Oren F. Culver

7. DATE OF BIRTH (month, day, year) Dec 18th 1879

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

FATHER

13. NAME John Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

MOTHER

15. MAIDEN NAME Ida Staines

16. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

17. INFORMANT Mr Oren F. Culver (Husband)

(Address) 119 Colonial Rd-Rochester, N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Rochester, N.Y. Date Feb, 4th 1938

19. UNDERTAKER Mr J. Fletcher & Sons

(Address) Rochester N.Y.

20. FILED FEB 4 - 1938 Rochester Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 3, 1938

I last saw h.. alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at 12.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Hypertension	Unknown
Uraemia	

Other contributory causes of importance:

Uraemic coma	Feb, 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lloyd H. Davis, M. D.

(Address) University Hospital

F 43599

43599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 ½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Whitaker

If U. S. Veteran specify WAR

(a) Residence: No. 4014 Clifton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 12. 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME R. Warren Whitaker

14. BIRTHPLACE (city or town) (State or country) Phila., Pa.

MOTHER

15. MAIDEN NAME Mabel Haines

16. BIRTHPLACE (city or town) (State or country) Palmyria N.J.

17. INFORMANT Mrs. Whitaker (Address) 4014 Clifton ave.

18. BURIAL, CREMATION, OR REMOVAL Place Camden N.J. Date Feb. 4 38

19. UNDERTAKER Margaret H. Flynn (Address) 210 N. Hilton

Huntington Williams, N.Y.

34-7938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 . 1938 to Feb. 3 . 1938

I last saw him alive on Feb 3 . 1938 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, R.L. lobe.	Jan 27 38
Congenital Heart Disease	Feb 1

Other contributory causes of importance:

Mongolianism	Feb 1

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. T. O. Kunkel M. D.

(Address) Univ. Hosp.

13600 F 13600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ x 59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Pratt
If U. S. Veteran specify WAR

(a) Residence: No. 611 Frederick Rd. Ward Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married.

5a. If married, widowed or divorced, HUSBAND of (or) ~~WIFE of~~ Vincedora Pratt

6. DATE OF BIRTH (month, day, year) Feb 3 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	29 30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Clarksville Montgomery County Md

FATHER
13. NAME Tunman Pratt
14. BIRTHPLACE (city or town) (State or country) Clarksville Montgomery Co. Md

MOTHER
15. MAIDEN NAME Sarah Lynn
16. BIRTHPLACE (city or town) (State or country) Clarksville Montgomery Co. Md

17. INFORMANT Vincedora Pratt
(Address) Douglas Park - Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date Feb 5th 1938

19. UNDERTAKER J. L. P. Lunberry
(Address) 579 Mocher St Huntington, West Virginia

Registrar.

2-1938

va 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2- , 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3- , 1938 to 2-2- , 1938

I last saw ~~him~~ alive on 2-2- , 1938. Death is said to have occurred on the date stated above, at 5.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchio Pneumonia	1/31/38
Apoplexy, Chronic	2/1/38
Cardio vascular - Renal	3/9/38
Diseases. Diabetes.	3/9/37
	/ /

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. L. Jackson M. D.

(Address) 600 Arlington Ave.

13601 E 13601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a cc

Registered No. 1872

1. PLACE OF DEATH: Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Bay View St., (Ward) 6th
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Wladyslaw Michalski
If U. S. Veteran specify WAR.

(a) Residence: No. 1916 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced, HUSBAND of Josephine

6. DATE OF BIRTH (month, day, year): March 25-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER
13. NAME: Joseph Michalski
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Helena Dintsperger Sister
(Address) 2417 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 5 1938

19. UNDERTAKER: Wm. F. E. Dipple
(Address) 2251 Eastern Ave

20. FILED [illegible] Registrar

2 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	about [illegible] time
Valvular heart disease	some years

Other contributory causes of importance:
Enlarged Prostate

Was an operation performed? No Date of
For what disease or injury?
Name of operation (Clinical) Date of
What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner
(Address) 1717 W. Baltimore St.

F 43602

3602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Regester St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Magdalena or Maggie Duckert

(a) Residence: No. 115 S. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) May 20 1888

7. AGE: Years 49 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland Sinsbisung

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frederick Duckert

(Address) 115 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb 5 1938

19. UNDERTAKER Martin V. Doppel

(Address) 328 Aisquith St

20. Filed 19 Huntington Williams M.D.

2-4-1938

VS 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th 1938 to Feb 2nd 1938

I last saw h... alive on Feb 2nd 1938 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia F. B.	2
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Faulkner M. D.

(Address) 119 N. Milton Ave

43603 F 43603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Peach Alley St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1000 Peach Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) March 23, 1897 Her

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40 41		10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc U.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Harry Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lillian West

(Address) 914 Peach Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 2/4/38 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 1054 Montgomery St

4-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. K. Miller Coroner, M. D.

(Address) 3757 W. Pratt

V 5 6

17

F 43604

43604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V4129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward 5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Crampton

(a) Residence: No. Frederick Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Cul	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Crampton

6. DATE OF BIRTH (month, day, year) Aug 10-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Frederick Chaney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter Crampton

(Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hope Hill Cem Frederick 2/7 1938

19. UNDERTAKER Frances P. Keefauver

(Address) 514 W. Biddle St.

4-1938 Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis — Date of onset 1/30/38

Other contributory causes of importance:

Was an operation performed? yes Date of 2-3-1938

For what disease or injury? Peritonitis —

Name of operation Exploratory Laparotomy Date of 2-3-38

What test confirmed diagnosis? Clinical Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Aellen M. D.

(Address) 50 E. Lexington St

13605 **HEALTH DEPARTMENT--CITY OF BALTIMORE** F 13605

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH South Balto. Gen. Hosp. 21-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin James Mucelli, Jr.

(a) Residence: No. 1109 Monticello St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30-1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Benjamin James Mucelli Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Florence May Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Benjamin J Mucelli
(Address) 1109 Monticello st

18. BURIAL, CREMATION, OR REMOVAL
Place London Phlem Date Feb. 5 1938

19. UNDERTAKER Jos Jacobs & Son
(Address) 219 S Paca St

FILED FEB 4-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1938, to 2-2, 1938

I last saw h.im alive on 2-2, 1938 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia right upper lobe	1-24-38
Other contributory causes of importance: Pulmonary Edema & Congestion	1-31-38

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Louis J. Hill M. D.

(Address) South Balto. Gen. Hosp.

F 43606

43606 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 820 W. Lombard St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. McCormick

(a) Residence: No. # 820 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1st, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr James Owens

(Address) # 3415 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Harford Rd Date 2 / 5 / 1938

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED FEB 4 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 3rd 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. K. Culhane M. D.
Coroner

(Address) 2753 Lanvale

V S 6

F 13607

3607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St Little Sisters of the Poor St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Danaher

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Danaher

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lawrence Embroff

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Mence

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Feb 7 1938

19. UNDERTAKER Rita Wendefeld
(Address) 914 Lemmon Street

20. FILED Feb 8 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938, to Feb 3, 1938

I last saw he alive on Feb 2, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance:

Senility

Cathema

Was an operation performed? No Date of

For what disease or injury?

Name of operation None What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. Carter, M. D.

(Address) 114 No. Gay St.

F 43608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2840 Woodbrook Ave., 13E Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Baker Myers If U. S Veteran specify WAR

(a) Residence: No. 2840 Woodbrook Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel C Myers

6. DATE OF BIRTH (month, day, year) Aug 7-1842

7. AGE: Years 95 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton Md

FATHER

13. NAME Jacob Myers

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lydia Ensor

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lillian V Burkhart (Address) 2840 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Park Cemetery Date Feb 7 1938

19. UNDERTAKER Fortnam & Poe (Address) 2324 N Charles St

Feb 7 1938 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4-38

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to Feb 4 1938

I last saw her alive on Feb 3 1938 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1919
Arteriosclerosis	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Peck M. D.

(Address) 936 E Monument St

Spec.—2-20-28—L. P. S.—800 Bks.

F 13609

13609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 Pine Heights Ave., 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie M. Kidd

(a) RESIDENCE NO. 1038 Pine Heights Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Alfred Kidd

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pennsylvania

PARENTS

10 NAME OF FATHER Jacob Fritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co. Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co. Pennsylvania

14 Informant Leroy C. Battenfield

(Address) 1038 Pine Heights Ave.

FEB 4 1938, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31 38

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1938. to Jan. 1938.

that I last saw h[illegible] alive on Jan 3 1938

and that death occurred, on the date stated above, at 1-30 a m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) yrs 7 mos ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Wm. J. M. Kieffer M. D.

(Address) 2470 Maryland

Jan 31 1938

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar, Balto. Co.

DATE OF BURIAL Feb. 7 19 38

20 UNDERTAKER Wm. C. Rinehart Inc.

ADDRESS Govans Md.

F 13610

13610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30295 (WB) 98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Waxter

(a) Residence: No. No home (1030 E. Lombard St.) St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/30/1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Fredericka ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT City Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 1 - 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19 ... Registrar.

1938

13613 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1938, to 1-31, 1938

I last saw him alive on 1-31, 1938 Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene foot	Unknown
Generalized arteriosclerosis	unknown

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward Jr. M. D.

(Address) Balto. City Hosp.

F 43611

43611 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 13216 (46-a)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hemis Lynn

(a) Residence: No. 1126 Leach St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harriett

7. DATE OF BIRTH (month, day, year) 12/25/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Caleb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Snowden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT City Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL ~~JOHNS HOPKINS MEDICAL SCHOOL~~ FEB - 1938

Place ~~Commissioner of Health~~ Date

19. UNDERTAKER Pell Auburn 2/8/38

(Address) For Health Commissioner

20. FILED ~~FEB - 1938~~ 2/8/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1933 to 2-1, 1938

I last saw him alive on 2-1, 1938 Death is said to have occurred on the date stated above, at 10:0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	Unknown
Other contributory causes of importance	

Was an operation performed? Yes Date of 1-29-38

For what disease or injury? Carcinoma oesophagus

Name of operation Gastrostomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L.K. Woodward Jr. M. D.

(Address) Balto City Hosp.

13612 E 13612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Mt. Royal Ave. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR None

2. FULL NAME Elaine Lois Magness

(a) Residence: No. 2010 Mt. Royal Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) Oct. 25 - 1935

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James E. Magness

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Vernie Fulton

16. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

17. INFORMANT Mr. J. E. Magness (Father) (Address) 2010 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Havre de Grace, Md. Date Feb. 5/38 19

19. UNDERTAKER Stewart and Hopper Company (Address) 108 West North Avenue

20. FILED Feb 5 1938 A. Lington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to February 3, 1938

I last saw her alive on February 3, 1938 Death is said to have occurred on the date stated above, at 4.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	12/26/38
Intestinal Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter C Bacon M. D.

(Address) 1002 Eutaw Place

F 43613

43613 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 782-a

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Mem Hospital Ward 7

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addison John Morrell If U. S. Veteran specify WAR

(a) Residence: No. 6 Ridge Rd West-minster Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Zepp Morrell

6. DATE OF BIRTH (month, day, year) Dec 5 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	92	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaking
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Helen Zepp Morrell
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Uniters Carroll County Date Feb 7 1938

19. UNDERTAKER J. Francis Reese
(Address) Westminster, Md

Huntington Williams N.E. Registrar

4 - PAID

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Injury) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Date of onset
2/4/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/4/38

For what disease or injury? Decompression Date of 2/4/38

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Mc Cain M. D.
Coroner

(Address) Coroner

V S 6

13614

F 13614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 E Pratt St., 3-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Faulkman Stewart

(a) Residence: No. 1500 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Stewart

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Earl Stewart
(Address) 1500 E Pratt

18. BURIAL, CREMATION, OR REMOVAL
Place W. Md. Balto Co. Date Feb. 5. 38

19. UNDERTAKER Wendell D. Hyatt
(Address) 1405 E. Lexington St

20. FILED [illegible] 19 Registrar

PAID

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	about Jan 1 1937
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. L. Allen, M. D.
Coroner

(Address) 50 E Lexington St

F 13615

13615 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals ✓175 cc
CITY OF BALTIMORE: (No. Bay View St., 36 Ward) 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola V. Caldwell If U. S. Veteran specify WAR

(a) Residence: No. 7023 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Caldwell

6. DATE OF BIRTH (month, day, year) Sept. 6-1912

7. AGE Years	Months	Days 26	If LESS than 1 day, hrs. or min.
25	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Father Hutchinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Nellie Stevens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Hilda Price
(Address) 1702 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Irvine Street Date Feb. 5 1938

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave.

20. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Jan. 26 1938

Other contributory causes of importance: Criminal Abortion incomplete Jan 1938

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Criminal Date of injury Jan. 1938

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore

Manner of injury Bogus operation

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. W. Wood M. D. Coroner

(Address) 1712 N. Broadway

4 - PAID

V S 6

H

13616 F 13616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH 928 N. Collington Ave., 7-3
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 64 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR none

2. FULL NAME George Stallo

(a) Residence: No. 928 N. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced BUSBAND of (or) WIFE of Wilhelmina Debring Stallo

DATE OF BIRTH (month, day, year) June 22, 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85 yrs.	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Liquor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME George Stallo

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hubert Sturm
(Address) 928 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2-5-38 19

19. UNDERTAKER L. Herman Lemmon.
(Address) 4611 Park Heights Ave.

20. FILED ..... 19 ..... Registrar

PAID

Huntington Williams, M.D.
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1938 to Feb. 1, 1938

I last saw him alive on Jan. 31, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 1/24/38

Other contributory causes of importance:

Chronic Nephritis — 1917

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was an autopsy held?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 4901 Harrison

43617

F 43617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH Sheppard Sanitorium

CITY OF BALTIMORE: (No. 6000 Bellona Ave. 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline M. Holmes

(a) Residence: No. 6000 Bellona Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward A. Holmes

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE: Years: 80 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Luke H. Miller

14. BIRTHPLACE (city or town) (State or country): Boston Mass.

MOTHER

15. MAIDEN NAME: Caroline Whipple

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Arthur Elvy

(Address) 2530 N. Charles Street

18. BURIAL, CREMATION OR REMOVAL: New Cathedral Date Feb 5-38

19. UNDERTAKER: R. S. Marshall

(Address) 3529 Falls Road

PAID Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 . 1938 to Feb. 4 . 1938

I last saw her alive on Feb. 4 . 1938 Death is said to have occurred on the date stated above, at 3 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lower)	1/27/38

Other contributory causes of importance: Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Karl F. Benson M. D.

(Address) 5111 York Rd.

M. D. P. 1268-9

13618 E 13618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 120 W. 22 St. 12-7 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Gorderson Jones

(a) Residence: No. 120 W. 22 St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Deserted

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Lee Jones

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamber Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER | FATHER

13. NAME John Anderson

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Jane Bourne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT LeRoy Jones

(Address) 120 W 22

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 2/6 '35

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Eastern Ave

20. FILED Huntington Williams Registrar.

PAID

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1 1935 to Feb 2 1935

I last saw h alive on 2 1935 Death is said to have occurred on the date stated above, at 9:55 a.m. p.m. 155

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency 4 years	2.2.

Other contributory causes of importance: Patent Ductus Arteriosus Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) J. L. Hooper M. D.

(Address) 1200 Guilford

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13619

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2756 Harlem Ave Ward) 16-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura J. Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 2756 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Hoffman

6. DATE OF BIRTH (month, day, year) 9/11/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Bomey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Woods

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Laura Hoffman

(Address) 2756 Harlem Ave

18. BURIAL, CREMATION OR REMOVAL

Place Catholic Date Feb 5 1938

19. UNDERTAKER Hoffman Funeral Home

(Address) 131 Light St.

FILED ..... Registrar.

PAID

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1937 to Feb 3, 1938

I last saw her alive on Feb 3rd, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic myocardial & endocardial disease with cardiac hypertrophy	Several years
Other contributory causes of importance:	
acute myelitis lower jaw bone	3 months
cellulitis of neck	
edema of lungs — one hours	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Mitchell, M. D.

(Address) 2901 Edmondson Ave

43620 F 43620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH Maryland General Hospital 9-7 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sadie M. Smith If U. S. Veteran specify WAR

(a) Residence: No. 1572 Carlswell (Carswell) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE OF John B. Smith

6. DATE OF BIRTH (month, day, year) Nov 22, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~43~~ 42	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jessie Heiser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucinda Barker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John B. Smith (Address) 1572 Carlswell Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 8 1938

19. UNDERTAKER Martin J. Conyers (Address) 1162 Forrest St

20. FILED ..... 19 ..... Registrar

Feb 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1938 to February 4, 1938

I last saw her alive on February 4, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	1-30-38
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-31-38

For what disease or injury? Fibroid Uterus

Name of operation Complete Hysterectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Ross Snyder Jr. M. D.

(Address) Maryland General Hospital

Charles Mobray

HEALTH DEPARTMENT—CITY OF BALTIMORE

13621

CERTIFICATE OF DEATH

59

3049 B-RR 13621

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Mobray

(a) Residence: No. 3141 Elliott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stella

6. DATE OF BIRTH (month, day, year) 8/3/1881

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Alex.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Cem Date Feby 7 1938

19. UNDERTAKER John Ahearn
(Address) 2102 Allegheny Ave

20. FILED ... Registrar.

Huntington Williams, M.D.

FEB 5 - PAID
FEB 5 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1938, to February 3, 1938.
I last saw him alive on February 3, 1938. Death is said to have occurred on the date stated above, at 12 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	1-1-38
Otitis media	Jan. 1938
Diabetes mellitus	Unknown

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Lamielle M. D.

(Address) Baltimore City Hospitals

F 13622 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13622

CERTIFICATE OF DEATH

210M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No. St., 7-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John August Miller

(a) Residence: No. 222 E Monument St., Ward

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily Miller

6. DATE OF BIRTH (month, day, year) June 2 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Paul Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Lienhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bernard Jeffery

(Address) 222 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date Feby 5 1938

19. UNDERTAKER John Weber & Son

(Address) 2 E. Saratoga St. Huntingtown Baltimore, Md.

FEB 5 - 1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry)

and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/2 1938

Where did injury occur? Broadway & Fleet Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto White

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Beatty Gute, M. D. Coroner

(Address) 907 N. Charles

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13623 93c F 13623

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 List Ave. St. 27-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARGARET ELIZABETH MAURER

(a) Residence: No. 2607 List Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Maurer

7. DATE OF BIRTH (month, day, year) Sept. 4, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Adam Dehler

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT William Maurer
(Address) 2607 List Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb. 7, 1938

19. UNDERTAKER John Cellini
(Address) 2028 Allen

20. FEB 5 - 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1938 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13. 1937 to Feb 4 . 1938
I last saw her alive on Feb 3 . 1938 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset Dec 3 / 1

Other contributory causes of importance:

Bronchitis — 4 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Schumacher M.D.

(Address) 2858 Harford Rd.

13624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 13624

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Anntana Ave. St., 26-1 Ward)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME WILLIAM FREDERICK ASHAUER

(a) Residence: No. 4301 Anntana Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Ashauer

7. DATE OF BIRTH (month, day, year) June 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Ashauer

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Theresa?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Ida Erdman

(Address) 7621 Pegley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park Feb. 7, 1938

19. UNDERTAKER John Wilmot

(Address) 2008 Nelson

FEB 5 - 1938 . 19 Huntington Wilmot

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1938 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 . 1937 . to Feb. 4 . 1938.

I last saw h... alive on Feb. 4, 1938. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulo nephritis	
arteriosclerosis	
ascites, general	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. Hal Montfield . M. D.

(Address) 3402 Baltimore

F 13625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 13625

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6100 Blackburn St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME Lillian Adams Templeman

If U. S. Veteran specify WAR

(a) Residence: No. 6100 Blackburn Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
F.	W.	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of J. Roy Templeman

6. DATE OF BIRTH (month, day, year) Oct 29-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Peter F. Adams

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Flavida Lewis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT J. Roy Templeman

(Address) 6100 Blackburn Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 8 1938

19. UNDERTAKER Bastian Bros

(Address) 2124 Eutaw St

FEB 5 - 1938 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9. 37 to Feb 4/38

I last saw h[er] alive on Feb 4/38 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - primary Metastasis in stomach-liver-glands of neck, Etc.	?
Other contributory causes of importance: Carcinoma of uterus operated about	1929

Was an operation performed? yes Date of about 1929

For what disease or injury? Hysterectomy

Name of operation Hysterectomy Date of

What test confirmed diagnosis? X Ray + Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wallace Drubett M. D.

(Address) 2220 Harrison Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43626 — 137 — F 43626

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen'l Hosp. — Registered No. 27-5

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Weinkamm — If U. S. Veteran specify WAR

(a) Residence: No. 3712 Pinewood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie A. Weinkamm

6. DATE OF BIRTH (month, day, year) Feb. 22, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

FATHER

13. NAME Joseph Weinkamm

14. BIRTHPLACE (city or town) (State or country) Balto. City Md.

MOTHER

15. MAIDEN NAME Carolyn Zulauf

16. BIRTHPLACE (city or town) (State or country) Pittsburgh

17. INFORMANT Mrs. Lucy Weinkamm

(Address) 3712 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Carlinwood Date Feb. 7 1938

19. UNDERTAKER Fuda Cassaday & Son

(Address) 1 [illegible] Huntington Ave

2-5-1938 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1937 to 2-4, 1938

I last saw him alive on 2-4 1938 Death is said to have occurred on the date stated above, at 11 15/60 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vericodiverticulitis	

Other contributory causes of importance:

Hypertrophied prostate
Chronic Nephritis

Was an operation performed? Yes Date of 1-31-38

For what disease or injury? Bladder Diverticuli

Name of operation Vericodiverticulectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Ewald M. D.

(Address) Md. Gen'l Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13627 — CERTIFICATE OF DEATH — 93C F 13627

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Calumet Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosina Regius

(a) Residence: No. 4809 Calumet Aven., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Regius

6. DATE OF BIRTH (month, day, year) March 11th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Burke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Dolan
(Address) 4809 Calumet Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 7th 19 38

19. UNDERTAKER Fredk. Lansdale & Son
(Address) 740 Belair Rd.

FILED FEB 5 - 1938 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb — 1928 to Feb 4 1938

I last saw her alive on Feb 3 1938 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1928
Ch. Hypertension	

Other contributory causes of importance:

no

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) JS Standing M. D.

(Address) 4813 Belair Rd

HATTON

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13628 — CERTIFICATE OF DEATH — 120 F 13628

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Viola Hatton

(a) Residence: No. 622 Pitcher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Separated

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lewis Hatton

6. DATE OF BIRTH (month, day, year) 1. 11. 02

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Reed

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Carrie Snyder

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Helen Anderson (Address) 622 N. Carroll Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mount Lion Date Feb 8, 1938

19. UNDERTAKER Joseph A. Lindsay (Address) 669 N Mount St

5-1938

Hunting to Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1. 24. 1938 to 2. 3. 1938

I last saw h.. alive on 2. 3. 1938. Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, acute Streptococcus	1.20.38
Other contributory causes of importance: none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.

(Address) 915 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13629

CERTIFICATE OF DEATH

161 a

13629

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Infant Boy Lawsman

(a) Residence: No. 2817 Beechwood Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/4/38

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Lawson

14. BIRTHPLACE (city or town) (State or country) N.Y. City

MOTHER

15. MAIDEN NAME Lesseltyne M Justice

16. BIRTHPLACE (city or town) (State or country) Cristfield Md.

17. INFORMANT John Lawson
(Address) 2817 Beechwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Cem Date Feb 5 1938

19. UNDERTAKER Leonard Ruck
(Address) 5325 Harford Rd

20. FILED FEB 5 - 1938 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938 to Feb 4, 1938.

I last saw him alive on Feb 4, 1938 Death is said to have occurred on the date stated above, at 7 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Asphyxia Pallida	2-4-38
Other contributory causes of importance: Congenital atelectasis (?)	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) George H. Brouillet M. D.

(Address) St. Joseph's Hospital

F 13630

HEALTH DEPARTMENT—CITY OF BALTIMORE

13630 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1645 Orleans St. 6th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Cosbury F. Howard
(a) Residence: No. 1645 Orleans St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Howard

6. DATE OF BIRTH (month, day, year) March 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Etta Brown
(Address) 1645 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL Interment Memorial Park 2-5 1938

19. UNDERTAKER Albert L. Young
(Address) 804 W. Caroline St

20. FILED Feb 5 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1938 to Feb. 2 1938
I last saw h.. alive on Feb 1 1938. Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Hypostatic) Pneumonia	Feb 1 1938
Other contributory causes of importance: Parenchymatous Nephritis & Complete Anuria	Jan 4 1938

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Physical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. L. Young M. D.
(Address) 1429 Monument St

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43631

CERTIFICATE OF DEATH

82a

F 43631

Registered No.

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 5 St., 5-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Lynch

(a) Residence: No. Eden Apts - 64 Cross St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mr Margt Brownell

(Address) 719 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/7 1938

19. UNDERTAKER Henry C. Means & Son

(Address) 202 W Saratoga St.

FEB 5 - 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938 to Feb 4 1938

I last saw him alive on 1.00 AM 1938 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-2

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert A Hegeler, M. D.

(Address) 902 N. Eutaw St.

F 43632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-A F 43632

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Christopher Ave. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ELVA MARIE DORNBUSH

(a) Residence: No. 2819 Christopher Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Dornbush

6. DATE OF BIRTH (month, day, year) Dec. 27. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas E. Watson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah E. Dolbow

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Geo. J. Dornbush (Husband)
(Address) 2819 Christopher Ave.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. Date Feb. 7. 1938
Place

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander
(Address) Baltimore & Broadway.

2-5-1938 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3. 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28. 1938 to Feb 3. 1938

I last saw h e alive on Feb 3. 1938 Death is said to have occurred on the date stated above, at 7.15a. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	1/29/38
Other contributory causes (conditions of importance): Influenza	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. N. Meyer Jr M. D.

(Address) 1520 E. 33rd St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13633 50 B 13633

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2731 W. Northern Ward 5-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Isabel Humphreys

If U. S. Veteran specify WAR .....

(a) Residence: No. 2731 W. Northern Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of E. C. Humphreys

6. DATE OF BIRTH (month, day, year) Feb 4, 1876

7. AGE: Years 61 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME George H. Wilmot

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Josephine Boulden

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Agnes Wilmot

(Address) 2731 W Northern

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb. 6 1938

19. UNDERTAKER H. Deubert Sons

(Address) Baltimore

20. FEB 5 1938 Huntington Avenue, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Feb 2nd, 1938

I last saw h[illegible] alive on Feb 2nd, 1938. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung — Date of onset .....

Hemorrhage

Other contributory causes of importance:

Carcinomatosis

Was an operation performed? Surgical Path Dept Date of 4 yrs '30

For what disease or injury? .....

Name of operation Exploratory operation Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 3945 W North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

13634

CERTIFICATE OF DEATH

108 F 13634

1. PLACE OF DEATH — Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 1253 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Mrs. Marie Louise Wolfe

If U. S Veteran specify WAR

(a) Residence: No. 423 Ilchester Avenue. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph H. Wolfe

6. DATE OF BIRTH (month, day, year) Dec 26th 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (vo 37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Getner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara Mantle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ralph H. Wolfe
(Address) 423 Elchester Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb 7th 1938

19. UNDERTAKER J. M. Dickson & Sons
(Address) [illegible]

20. FILED FEB 5 1938 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1938 to Feb 4th, 1938

I last saw h... alive on Feb 3rd, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 27th
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Mansfield, M. D.

(Address) 1211 Cathedral Street

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43635

CERTIFICATE OF DEATH

107-A F 43635

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. J. Wessel

(a) Residence: No. 4228 Stanwood Ave. Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Emma Watson Wessel

6. DATE OF BIRTH (month, day, year) Dec 25th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~spinner~~, sawyer, bookkeeper, etc. Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. R.

10. Date deceased last worked at this occupation (month and year) 1/26

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

FATHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs May Banks

(Address) 4228 Stanwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2-7th 1938

19. UNDERTAKER Wm Foot

(Address) 1217 St Paul St

20. FILED FEB 5 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Feb.~~ 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1938 to Feb. 3 1938

I last saw ~~him~~ alive on Feb. 3 1938 Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1-31-38

Other contributory causes of importance:

Generalized arteriosclerosis
Senile dementia

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. J. Battaglia M. D.

(Address) Franklin Sq. Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

13636 13636 F 13636

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St. 4-2 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ... Record

2. FULL NAME Eleanor Price
(a) Residence: No. 24 Ridge Rd. (Catonsville) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced (or) WIFE of Frank Price

6. DATE OF BIRTH (month, day, year) April 12 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ×
11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Butler Maryland

13. NAME Father Tarrubore
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Rosa Goldsborough
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT England
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Feb 7 1938
19. UNDERTAKER Wm Cook
(Address) 217 St Paul St
20. FILED FEB 5 1938 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1938. to Feb. 4, 1938.
I last saw her alive on Feb. 4, 1938. Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?
Other contributory causes of importance: Intestinal Obstruction	
Peritonitis	

Was an operation performed? Yes. Date of Jan 22, 1938
For what disease or injury? Carcinoma Rectum
Name of operation Abdomen-perineal resection rectum
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. J. Cruikshank M. D.
(Address) Univ. Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43637

CERTIFICATE OF DEATH

54

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Paul Apartments

CITY OF BALTIMORE: (No.) St. Paul St. Mt Royal Ave (Ward) 11-26

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Verlinda V. B. Smoot

If U.S. Veteran (specify WAR) No Record

(a) Residence: No. St. Paul St. + Mt Royal Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Girard W. C. Smoot

6. DATE OF BIRTH (month, day, year) Oct 13th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ~

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) (State or country) Charles Co Md.

FATHER

13. NAME V. Alexander Brawner

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Mary Catherine Brawner

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Girard W. C. Smoot

(Address) St Paul Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Wayside Cemetery Charles Co. Md Date Feb 7th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED FEB 5 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Feb 4 1938

I last saw h alive on about Jan 15 1938 Death is said to have occurred on the date stated above, at 1 9 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary oedema
Cardiac Infarction ?
Hypertension
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Cunningham M. D.

(Address) 9 E Chase St.

Chas

F 13638

13638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cora Owens

(a) Residence: No. 1118 E. Hiss St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard W. Owens

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas E. Owens
(Address) 54 W. 130th St New York N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 5, 1938

19. UNDERTAKER Mrs. George C. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1938 Feb 8 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1938, to Feb. 3, 1938

I last saw h.. alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at 5:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach (?)	(?)
Other contributory causes of importance	
Pott's disease	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Kuhman, M. D.

(Address) St Joseph's Hospital

3639 (Baddie) F 43639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-3 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Woodbrook St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Baddie

If U. S. Veteran specify WAR

(a) Residence: No. 2430 Woodbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noble H.

6. DATE OF BIRTH (month, day, year) Aug ? 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 60	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ? Lucas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bassie Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lucius N. Hanley

(Address) 1904 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 5 '38

19. UNDERTAKER Wm. Henry & Howard

(Address) 1631 Druid Hill Ave

20. FILED Feb 5 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1938 to Feby 2 1938

I last saw h alive on Feb 2, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease & Hypertrophy & Dilatation	1 mo
Other contributory causes of importance:	
Myocarditis	5 hrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Thos. Lewis Higgins M. D.

(Address) 2243 McCulloh Ave

1938

13640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13640

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Levindale

Registered No. .....

CITY OF BALTIMORE: (No.) Hebrew Home for Aged St. (or) Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Fanny Mencken

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere Greenspring Sq. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Morris

6. DATE OF BIRTH (month, day, year) 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Rubin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Mencken
(Address) 3517 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL
Place Boston Mass Date Feb 5 1938

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124 W. North ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1931 to 2-4 1938

I last saw h.e.r. alive on 2-4 1938. Death is said to have occurred on the date stated above, at 1:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-2
Hypostasis	
Arteriosclerosis	

Other contributory causes of importance:

Chr. Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

43641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 43641

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 0 yrs. 4 mos. ds. How long in U. S. If of foreign birth? 0 yrs. 4 mos. ds.

2. FULL NAME Sophie Rosenbaum

(a) Residence: No. 951 Brooks Lane Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Rosenbaum

6. DATE OF BIRTH (month, day, year) About 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — Cohen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Rosenbaum

(Address) 951 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Cem. Date Feb. 7 1938

19. UNDERTAKER Christ Sanderson & Son

(Address) 1902 Eastern Ave

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1938 to Feb 4 1938

I last saw her alive on Feb 4 1938 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	3 yrs
Diabetic coma	1 day
Acidosis	

Other contributory causes of importance:

Senile gastro-enteritis	1 week

Was an operation performed? Not Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Leibman M. D.

(Address) Sinai Hospital

13642

HEALTH DEPARTMENT—CITY OF BALTIMORE

13642

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S. If of foreign birth? yrs. mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Maggie Simmons

(a) Residence: No. Port Deposit Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Samuel T. Simmons

6. DATE OF BIRTH (month, day, year): Sept 12, 1861

7. AGE: Years 76 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Own home

10. Date deceased last worked at this occupation (month, day, year): Jan 1938

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (City or town) (State or country): Harford Co. Md

FATHER

13. NAME: George Lollinger

14. BIRTHPLACE (City or town) (State or country): Harford Co. Md

MOTHER

15. MAIDEN NAME: Elizabeth Brannen

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md

17. INFORMANT: Lewis Simmons

(Address) Port Deposit, Md R.F.D.

18. BURIAL, CREMATION, OR REMOVAL: Mt Carroll Cem. Ceil. Co. Date Feb 8 1938

19. UNDERTAKER: J. A. Patterson

(Address) Perryville, Md.

FEB 5 - 1938 Huntington Williams Registrar

By [illegible]

V 5 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) And that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Obstruction of bowel — Date of onset 2/5/38

Other contributory causes of importance: Strangulated Hernia — 1/31/38

Was an operation performed? yes Date of Feb 4. 1938

For what disease or injury? Strangulated Hernia

Name of operation Hemiatomy Date of 2/4/38

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) John A Evans M. D.

Coroner

(Address) Coroner

3643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 52

1309-B-New 13643

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John ~~Ohlgart~~, OHLGART

If U. S. Veteran specify WAR .....

(a) Residence: No. 1020 Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) Oct. 12 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2 2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ~~Geo.~~ Philip Ohlgart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto Crm Date 2-5 1938

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED FEB 5-1938 ~~Wm. F. Kerr~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1938 to February 3, 1938

I last saw ~~him~~ alive on February 3, 1938 Death is said to have occurred on the date stated above, at 3.45 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-1-38
Other contributory causes of importance: Carcinoma of face	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sanbelle M. D.

(Address) Baltimore City Hospitals

13644

HEALTH DEPARTMENT—CITY OF BALTIMORE

13644

CERTIFICATE OF DEATH

Registered No. 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Loeffler

If U. S. Veteran specify WAR

(a) Residence: No. 677 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 3-13-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER'S FATHER'S

13. NAME William ~~Tolbert~~ TRUITT

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Ann Powell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL London Park Date 2-7 1938

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. Mad St

20. FEB 5-1938 19 ~~Huntington Station~~ N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1938 to February 4, 1938

I last saw her alive on February 4, 1938 Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1-25-38

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. A. de Santella M. D.

(Address) Baltimore City Hospitals

F 43645

13645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1572

1. PLACE OF DEATH Baltimore City Hospitals 18-a CC

CITY OF BALTIMORE: (No.) Bay View St., (Ward) No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Eckhardt

(a) Residence: No. 5319 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: WIFE of Thomas Eckhardt

6. DATE OF BIRTH (month, day, year): March 5-1866

7. AGE: 71 Years | 10 Months | 29 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Kuhn

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Wuntz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Helen Eckhardt

(Address) 5319 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart. Date: Feb 7, 1938

19. UNDERTAKER: Lilly & Zeiler, INC

(Address) 403 Wolfe St.

5-1938 (Registry) Huntington Williams, N.P.

V B C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3, 1938

22. I HEREBY CERTIFY, That I last saw the deceased alive, on [illegible] Inquiry

and that said deceased came [illegible] Inquiry

death on the day stated above. Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	day
Other contributory causes of importance: Fracture Left Tibia, Shock	Jan, 29 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury: Jan. 29, 1938

Where did injury occur? 5319 Eastern Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Fell out of bed

Nature of injury: Fracture left Tibia

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Woodall, M. D. Coroner

(Address) 1712 N. Broadway

F 13646

13646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. SCOTT ST. St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ISABELLE. G. PARKER.

If U. S. Veteran specify WAR

(a) Residence: No. 116 S. SCOTT ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JESSE PARKER.

6. DATE OF BIRTH (month, day, year) JUNE. 9/ 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK AT HOME.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VA.

FATHER

13. NAME WILLIAM OVERLEY

14. BIRTHPLACE (city or town) (State or country) PETERSBURG VA.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT MRS. MATTIE MACHEN

(Address) 116 S.SCOTT ST.

18. BURIAL, CREMATION, OR REMOVAL

Place BALTO., CM'. Date FEB. 8 1938

19. UNDERTAKER Silby & Sailer Inc.

(Address) 403 S. WOLFE. ST.

20. FILED 1938 19 ... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb. 4, 1938.

I last saw her alive on Feb. 3, 1938. Death is said to have occurred on the date stated above, At 45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	1 wk.
Other contributory causes of importance:	
Cerebral hemorrhage.	
Chronic myocarditis.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. W. Grayton M. D.

(Address) 3963 Greenmount Ave.

McFarrell
633 Conkling
3647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 1 1 7 1 7

61

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Fait Ave St., 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Mary Hampton

If U. S. Veteran specify WAR

(a) Residence: No. 3610 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	yellow	Widowed

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of William Hampton

6. DATE OF BIRTH (month, day, year) 1861 Oct 17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Baxter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Emma Collings

(Address) 3610 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Stewart Mem Date Feb 6 1938

19. UNDERTAKER F D Keppel & Son

(Address) 1300 Eutaw Place

20. FILED 19

Registrar.

2-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/31/38, 19 to 2/4/38, 19

I last saw her alive on 2/4/38, 19 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pulmonary T B	
Myocarditis	

Other contributory causes of importance:

senile Cardiosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F D Gerald, M. D.

(Address) 633 S. Conkling

HEALTH DEPARTMENT—CITY OF BALTIMORE

13648 13648

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 20-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Estella Bendt

(a) Residence: No. 39 Ashburton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) June 13 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Stillmann

MOTHER

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Pelir

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry Bendt Jr
(Address) 24 N Ashburton Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 5 - 38

19. UNDERTAKER Chas L Stevens
(Address) 1501 E Fort Ave

20. FILED 19 Registrar
FEB 6-1938 Williams, Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1938 to 2-4 1938

I last saw her alive on 2-4 1938 Death is said to have occurred on the date stated above, at 11.15 p m.

The principal cause of death and related causes of importance were as follows:

Anemia Chronic Nephritis — Date of onset 1-10-38

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Lawrence J Shumaker M. D.
(Address) St Agnes Hospital

F 43649

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43649

CERTIFICATE OF DEATH

✓ 210 F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME John J. Kenoe

(a) Residence: No. 442 N. Linwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hours or minutes
	27	—	36	Hours

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Press Hand

10. Date deceased last worked at this occupation (month and year) 2/4/38

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward Kenoe

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherin Bertnrond

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward Kenoe

(Address) 442 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 8th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

Feb 6 1938 19 Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident Feb. 5, 1938

Accident, suicide or homicide?

Where did injury occur? McElderry & Port St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell from rear of Auto. opened up in rumble seat fasnion

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. R. Mallon M. D.

(Address) 2737 N. Howard St.

V 6 6

13650 HEALTH DEPARTMENT—CITY OF BALTIMORE 13650

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2743 Guilford Ave St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Schaub If U.S. Veteran specify WAR No Record

(a) Residence: No. 2743 Guilford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jacob Schaub
6. DATE OF BIRTH (month, day, year): Aug 26 1881
7. AGE: Years 56 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER'S MAIDEN NAME:
13. NAME: John A. Dietrich
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Emma C Groener
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Catherine Cahill 2743 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Feb 38

19. UNDERTAKER (Address): Fallon & Cook 1217 E Fayette St

Feb 6 1938 19 Huntington Hallowell, Me

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1937 to Feby. 5 1938

I last saw her alive on Feby. 5, 1938 Death is said to have occurred on the date stated above, at 7.15 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L. Orem M. D.

(Address) 7827 N. Calvert St

13651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13651

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Brentley Rd St. 25-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Gertrude Buchfeld U. S. Veteran (specify WAR) No Record

(a) Residence: No. 2818 Brantley Rd St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Buchfeld

6. DATE OF BIRTH (month, day, year) May 15 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	20	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) May 13

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) (State or country) Ft. Pa

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT (Address) John Buchfeld 2818 Brantley Rd

18. BURIAL, CREMATION, OR REMOVAL Place Somers Date July 7 1938

19. UNDERTAKER (Address) Wilson Cook 1217 E Fayette

20. FILED FEB 6 1938 Burlington Wisconsin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to July 5 1938

I last saw her alive on July 4 1938 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Heart failure	
Cerebral Hemorrhage	July 5 1938

Other contributory causes of importance: Failing heart condition 2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E E Smith M. D.

(Address) 1605 N North Ave.

3652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43652

CERTIFICATE OF DEATH

✓ 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Daisy Appleby

(a) Residence: No. 2629 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: WIFE of William T Appleby

6. DATE OF BIRTH (month, day, year) Feb 20 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mordecai Parks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emma L. Wigmore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma L Leary

(Address) 2629 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7-7 1938

19. UNDERTAKER William Cook

(Address) 1219 E Gay St

20. FILED 7-6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938 to July 5, 1938

I last saw her alive on July 5, 1938. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with decompensation	?
Other contributory causes of importance	
Pulmonary Edema	2 days
Terminal Bronchopneumonia	2 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo H Bouillet M. D.

(Address) St. Joseph's Hospital

36-1938

13653 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13653

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Hosp. St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR To Record

2. FULL NAME Mr. R. Wilbur Mitchell

(a) Residence: No. Sinclair Lane (Usual place of abode) Raspeburg Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed~~, ~~divorced~~ HUSBAND of Lillie Mitchell

6. DATE OF BIRTH (month, day, year) Nov 1st 1874

7. AGE: Years 63; Months 3; Days 4; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson & Doeller

10. Date deceased last worked at this occupation (month and year) 10/21/37

11. Total time (years) spent in this occupation 37.

12. BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

13. NAME Rigdon Mitchell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Caroline Hill

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT Norman Mitchell

(Address) Sinclair Lane near Edison Highway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 8th 1938

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1937, to Feb 5, 1938.

I last saw him alive on Feb. 4, 1938. Death is said to have occurred on the date stated above, at 2.27 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate and Rectum.	1934
Other contributory causes of importance: Carcinomatosis	1937
Emaciation	1937

Was an operation performed? Yes Date of Oct 29, 1937

For what disease or injury? Carcinoma.

Name of operation Exploratory Lap. Coecostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home & Hosp.

3 6-1938 Remington Millard Nye

13651 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13651

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2414 Jefferson St. 7-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
2. FULL NAME Jane Elizabeth Ray
(a) Residence: No. 2414 Jefferson St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed or divorced (or) WIFE of Norman Ray
6. DATE OF BIRTH (month, day, year) Feb 7 - 186[illegible]
7. AGE Years 73 Months 11 Days 27. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
FATHER
13. NAME James Baker
14. BIRTHPLACE (city or town) (State or country) England
MOTHER
15. MAIDEN NAME Margaret Hurley
16. BIRTHPLACE (city or town) (State or country) England
17. INFORMANT (Address) Belton Ray 800 Burgundy St
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date 2/7/38 19
19. UNDERTAKER (Address) John G. Miller 2324 Jefferson St
20. FILED FEB 6 1938 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 4 1938 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1938 to FEB 4 1938 19
I last saw h[illegible] alive on Feb 3 1938 at 4 P m.
Death is said to have occurred on the date stated above, at
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days
Other contributory causes of importance: Pulmonary Oedema	1 day

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... What test confirmed diagnosis? ... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward J. Loos M. D.
(Address) 2580 E Baltimore

13278
13655

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13655

66-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1530 Harlem Ave St.) (16-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Watts

(a) Residence: No. 1530 Harlem Ave St., Ward. Order 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Watts

6. DATE OF BIRTH (month, day, year) Aug 26 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph Washington

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Tarlton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion C. Man Co. Date Feb 7 1938

19. UNDERTAKER Lynn & Brune Inc
(Address) 638 E. Lexington St

20. FILED ... 19... Registrar.

FEB 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1937 to Feb 4 1938

I last saw her alive on Feb 4 1938. Death is said to have occurred on the date stated above, at 12 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	2 yrs
Myocardial disease	3 days
	2 days

Other contributory causes of importance:

Older

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thomas A Brune M. D.

(Address) Johns Hopkins Hospital

3656 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13656

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 Dolphin St. 17-7 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Barroll

If U. S. Veteran specify WAR

(a) Residence: No. 546 Dolphin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Barroll

6. DATE OF BIRTH (month, day, year) July 28, 1884

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
53	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Bowser

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes Quinn

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT (Address) Joseph Barroll 546 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 2/7/ 1938

19. UNDERTAKER (Address) Frances A. Hendeley 578 W. Biddle St

20. FILED 2-6-1938 Huntington Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938 to Feb 3, 1938

I last saw her alive on Feb 3, 1938; Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Feldmann M. D.

(Address) 517 Hamilton Terr

Spec.—7-17-26—A Co.—200 Bks.

43657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43657

CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 Park ave St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Oglesby

(a) RESIDENCE NO. 906 Park ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Horace Oglesby

6 DATE OF BIRTH (month, day, and year): May - 1890

7 AGE: 47 Years 6 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Duffney

9 BIRTHPLACE (city or town): Sparta Caroline

(State or country): Joseph Richmond

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town): Gaffney, S. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Letha Jarrite

13 BIRTHPLACE OF MOTHER (city or town): Toccoa Ga.

(State or country)

14 Informant: Mrs. Coan

(Address) 906 Park ave

FEB 6-1938 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1938

17 I HEREBY CERTIFY, That I attended deceased from July 2. 1938. to July 4. 1938.

that I last saw her alive on July 4 1938

and that death occurred, on the date stated above, at 4 AM

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Myocardial Degen

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F. Chandler M. D.

July 4 1938 (Address) 3613 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gaffney, S. C.

Date of Burial: Feb 6, 19

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 Schroeder St

very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13658 13658

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N Bethel St. 6-5 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma F. Washington

If U. S. Veteran specify WAR

(a) Residence: No. 405 N Bethel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Wife of George Washington

6. DATE OF BIRTH (month, day, year): July 1 - 1871

7. AGE: Years 67 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ... min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Home mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto City

13. NAME OF FATHER: William F. Taylor

14. BIRTHPLACE (city or town) (State or country): Balto city

15. MAIDEN NAME OF MOTHER: Rachel Grindle

16. BIRTHPLACE (city or town) (State or country): Balto city

17. INFORMANT: Georgiana Patterson

(Address) 405 N. Bethel

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Park Date 2-7-1938

19. UNDERTAKER: Mrs Chas. H. Ailey

(Address) 1411 Jefferson St

Livingston Williams Asst.

20. FILED

2-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1937 to Feb 3 1938

I last saw h.. alive on Feb 3 1938 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-23
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument

13659 P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 13659

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: NO 1314 Greenmount Ave WARD 13-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester R. Michael

(a) RESIDENCE NO 1314 Greenmount Ave WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or ~~divorced~~ (or) WIFE of Jacob O. Michael

6 DATE OF BIRTH (month, day, and year) Apr. 16, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Nicholis Hoshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Betty Ann Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md.

14 Informant Wm. Howard Michael (Address) 1314 Greenmount Ave

15 Filed . 19 Huntington Williams, M.D.

— 1938

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 4, 1938

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1937 to Feb 4, 1938

that I last saw her alive on Feb. 4th 1938

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis + Intermittent (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm. R. Ramsebaker M. D.

. 19 (Address) 2740 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Amalgamated Baltimore Co

DATE OF BURIAL Feb 7 19

20 UNDERTAKER William M. Marnick

ADDRESS 715 Light St

13660 ✓ F 13660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 932 Greenmount Ave St., 10-7 Ward)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Susan Jane Fields — If U. S. Veteran specify WAR ____

(a) Residence: No. 932 Greenmount Ave St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Elmore E. Fields

6. DATE OF BIRTH (month, day, year) Nov 15/75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Elick Embrey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. Fields (Address) 932 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Warrenton Va Date 1-8-38.

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED Huntington Williamsport

1-8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1-37 to 1-5-38 . 19 ____

I last saw her alive on 1-4-38 . 19 38 Death is said to have occurred on the date stated above, at 8 A -m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Disease — Date of onset ovw

Other contributory causes of importance: Acute Dil. Edema — Idg

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ____ . 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Joseph Angelo M.D.

(Address) 670 N. Williams Ave. H.

13661 E 13661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Spaulding Ave. St., 7-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Henry Woodhouse

If U. S. Veteran specify WAR

(a) Residence: No. 3321 Spaulding ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	widowed

6a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Margaret Woodhouse

6. DATE OF BIRTH (month, day, year) Jan. 15-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. News

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

FATHER

13. NAME — Woodhouse

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME — Hosier

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Margaret Cooke

(Address) 3321 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 2-8-38 19

19. UNDERTAKER Geo W Slade

(Address) 2700 Edmondson Ave.

20. FILED 2-6-1938 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1937 to July 5 1938

I last saw h... alive on Feb 4 1938 Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	1935
Chr. Parenchymatous Nephritis	1935

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. Mont Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13662 13662

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 W. North ave St. 14-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Eckhaus

(a) Residence: No. 1357 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Simon Eckhaus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Babette Samuels

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. B. Ross

(Address) 1357 W. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ohet Shalom Date Feb 7. 1938

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124-26 W. North ave

20. FILED 2-6-1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Feb 5, 1938

I last saw her alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Coronary sclerosis - Angina	2/2/38
Cerebral thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2818 Druid Park

F 13663

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13663

CERTIFICATE OF DEATH

25-5-107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Sycamore St. 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Retz

(a) Residence: No. 1517 Sycamore St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): July 18. 1937

7. AGE — Years: — Months: 6 — Days: 17 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto., Md

13. NAME: Adolph Retz

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Clara Meyer

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Mrs. Retz 1517 Sycamore St.

18. BURIAL, CREMATION, OR REMOVAL — Place: Cedar Hill Cem. Date: Feb. 7 1938

19. UNDERTAKER (Address): Margaret A. Flynn 1422 Light St.

20. FILED ..... 19..... Registrar .....

86-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1938 to Feb 5th 1938

I last saw him alive on Feb 4th 1938 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1/31/38
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation P. T. What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Weiler M. D.

(Address) 1074 Hanover St.

13664 ✓ F 13664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond Klipaska

(a) Residence: No. Fork Baltimore County St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Klipaska

6. DATE OF BIRTH (month, day, year) June 7 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John A. Klipaska

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Barbara Mast

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Barbara Sims

(Address) Baldwin Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cem Long Green Md. Date Feb. 8 1938

19. UNDERTAKER Clarence E. Luther

(Address) Forest Hill

Filed 19 Registered

6-1938 H. Taylor Williams, M.D.

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ahrenbeck Coroner, M. D.

(Address) 1919 E. North Ave.

13665 ✓ F 13665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 410 N. Loudon Ave, St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Stouffer — If U. S. Veteran specify WAR

(a) Residence: No. 410 N. Loudon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND (or) WIFE of: Clinton A. Stouffer

6. DATE OF BIRTH (month, day, year): Oct. 5, 1860

7. AGE: Years 77 | Months 3 | Days 30 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Jessie K. McKaig

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary E. McClure

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Irene Ehler (Address) 412 N. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL — Place: Western Cem. Date: Feb. 7, 1938

19. UNDERTAKER: Easton Sons (Address) Edmondson Ave.

Filed Feb 8 1938 — Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1937 to Feb. 4, 1938

I last saw her alive on Feb. 4, 1938 Death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1931
Angina-pectoris	12/16/37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer U Todd M. D.

(Address) 735 N. Fulton Ave

F 13666

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13666

CERTIFICATE OF DEATH

F-186-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth 24 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Kriegel

(a) Residence: No. 2036 London Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hebrew Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Jacob Kriegel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Drazin

(Address) 857 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Interment Mt. Lebanon Cem. 2/6/38 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St

20. FILED 2-6 19 38 Harry Williamson Registrar

B 6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-38 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diseased Bladder Fistula	

Other contributory causes of importance:

Paraplegia - Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/1 19 38

Where did injury occur? 2036 London Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) Balto. Md.

Scurnick

HEALTH DEPARTMENT—CITY OF BALTIMORE

43667

43667

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Bon Secours Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 16-4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel Scurnick

(a) Residence: No. 1915 Riggs Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bessie Scurnick

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2-6-38 19

19. UNDERTAKER Jacob Levy Inc

(Address) 1437 E. Baltimore St

20. FILED 2-6-1938 19 Registrar

Huntington Hillman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/23/ 1938 to 2/4/ 1938

I last saw h/ alive on 2/4/ 1938 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiovascular disease — Date of onset

Other contributory causes of importance:

Coronary thrombosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp.

13668 13668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ida Jones

If U.S. Veteran specify WAR ...

(a) Residence: No. Granite, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
7	W	Widowed

6a. If married, widowed, or divorced (or) WIFE of Harold Jones

6. DATE OF BIRTH (month, day, year) April 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutkynova Md.

MOTHER FATHER

13. NAME James Hamilton, not known

14. BIRTHPLACE (city or town) (State or country) Md " "

15. MAIDEN NAME Ann Slack

16. BIRTHPLACE (city or town) (State or country) Md " "

17. INFORMANT Mrs Tom Nelson

(Address) Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Granite Md Date Feb. 8 1938

19. UNDERTAKER Weaver & Son Inc

(Address) Ephrata Md

20. FILED ... By ... Registrar

Huntington Mitchell Sig. Deputy

2-6-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Feb 6, 1938

I last saw her alive on Feb 6, 1938. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?
Other contributory causes of importance: Myocardial failure	Feb 6, 38

Was an operation performed? Yes Date of Feb 5, 38

For what disease or injury? Ca of Colon

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Mabel Wilbur M. D.

(Address) Womans Hospital

13669 F 13669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 12-1 Ward)

Length of residence in city or town where death occurred 44.40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Egan

(a) Residence: No. 3806 Belmont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced WIFE of (or HUSBAND of) Mary J. Moran Egan

7. DATE OF BIRTH (month, day, year) 9-15-1870

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Finland

MOTHER FATHER

13. NAME Patrick Egan

14. BIRTHPLACE (city or town) (State or country) Finland

15. MAIDEN NAME Mary Mollen

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Rev. J. Joseph Egan.
(Address) 3806 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cem. Date Feb. 7 1938

19. UNDERTAKER Wm. M. Kessler
(Address) 27, E. Fayette St.

20. FILED ..... 19 ..... Registrar

286-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Feb. 4, 1938

I last saw h.. alive on Jan. 3, 1938. Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis and Arteriosclerosis with Angina & Gall stone colic

Contributory Duodenum

Other contributory causes of importance:

Date of onset

Was an operation performed? Yes Date of Jan. 3, 1938

For what disease or injury? Chronic cystitis

Name of operation Cholecystectomy & Gastroenterostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert E. Redman M. D.

(Address) St. Joseph's Hospital

43670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 43670

CERTIFICATE OF DEATH

Registered No. ×127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR —

2. FULL NAME M. Blanche Polk

(a) Residence: No. 611 W. Division St., Ward. Salisbury, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Francis Barnes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Langford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT University Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loermake, Md. Date Feb. 9, 1938

19. UNDERTAKER The Hill & Johnson Co.
(Address) Salisbury, Md.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1938 to February 6, 1938

I last saw h. alive on February 6, 1938 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	July '37

Other contributory causes of importance

Secondary infection of operative wound; Bronchopneumonia

Was an operation performed? Yes Date of Jan. 31, 1938

For what disease or injury? Chronic Cholecystitis

Name of operation Cholecystotomy; appendectomy

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernest S. Dyga M. D.

(Address) University Hospital

3671 E 13671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 26-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 S. Bouldin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard E. Dunnigan

If U. S. Veteran specify WAR

(a) Residence: No. 918 S. Bouldin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Dunnigan

6. DATE OF BIRTH (month, day, year) June 5, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pumper at

9. Industry or business in which work was done, as silk saw mill, bank, etc. Ball Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernard Dunnigan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Ann Denver

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Margaret Ann Dunnigan
(Address) 918 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Feb. 7, 1938

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St
Lic. for Baltimore, Md.

20. FILED ..... Registrar.

37-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1937 to Feb 3, 1938

I last saw him alive on Feb 3, 1938 Death is said to have occurred on the date stated above, at 10.25 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic cardiovascular disease
Apoplexy. — Date of onset 11-23-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Not Claimed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify .....

(Signed) E. C. Schemmick M. D.

(Address) 842 S. Eaton

3672 F 43672 30021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. balto. city hospitals St., 27-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Grasmick

(a) Residence: No. 3726 Frankfort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word).
male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie

DATE OF BIRTH (month, day, year) 9/6/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)

13. NAME henry

14. BIRTHPLACE (city or town) md.
(State or country)

15. MAIDEN NAME julia herman

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date Feb 8, 1938

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

FILED FEB 7-1938 Herrington Williams, Nott

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1938 to February 5, 1938

I last saw him alive on February 5, 1938. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hypertensive cardiovascular disease	1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

13673 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13673

CERTIFICATE OF DEATH ✓ 93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 McHenry St., 19-3 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella C. Hall

(a) Residence: No. 344 S. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emanuel C. Hall

7. DATE OF BIRTH (month, day, year) March 10, 1873

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter Jennings

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Lawrence V. Stickell
(Address) 1515 McHenry St.

18. BURIAL, CREMATION OR REMOVAL
Place Western Cem. Date Feb. 7 1938

19. UNDERTAKER [illegible] N. Baltimore St.
(Address)

20. FILED ..... 19... Registrar.

2-7-1938 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/15- 1937, to 2/4 1938. I last saw her alive on 2/4 1938. Death is said to have occurred on the date stated above, at 12.05Pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset over

(Other contributory causes of importance) Cardiac decompensation

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Thymol Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A Carlson M. D.

(Address) 2145 N. Baltimore St.

13674 HEALTH DEPARTMENT—CITY OF BALTIMORE 13674

CERTIFICATE OF DEATH ✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 O'Donnell St. 76-11 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elmer ... Gross

(a) Residence: No. 3209 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Gross

6. DATE OF BIRTH (month, day, year) August 12, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Nov. 1936. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Frances Schmeizl

(Address) 3209 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Feb 7 1938

19. UNDERTAKER George W. Zinkhan

(Address) 1737 E. Eager St

20. FILED Feb 7 1938 [illegible] Registrar.

87-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1936 to February 4, 1938

I last saw him alive on February 3, 1938 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Pulmonary oedema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, how? .....

(Signed) T. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

13675 E 13675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S. Baylis St., 16-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Fader

(a) Residence: No. 1011 S. Baylis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Fader

6. DATE OF BIRTH (month, day, year) Nov. 15, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	12	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

13. NAME John Bahr.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT James A. Fader

(Address) 1011 S. Baylis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb 7 1938

19. UNDERTAKER George W. Zinkeler

(Address) 1737 E. Eager St

20. FILED Feb 7 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to Feb 4, 1938.

I last saw h[illegible] alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiac disease	
Intracranial Fracture	Jan 27 38

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Kaminsky, M. D.

(Address) 842 S. East Ave.

13676

HEALTH DEPARTMENT—CITY OF BALTIMORE

13676

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Home for Incurables 13-7

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Brune

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Jan 27 1853

8. AGE: Years 85 | Months 0 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William H Brune

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Castissine Nicholas

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Emily Beckstett

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb 7 1938

19. UNDERTAKER Henry W Jenkins Sons Co

(Address) McCulloh & Orchard

20. FILED Feb 7 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1938 to Feb. 5th 1938

I last saw h. alive on Feb. 5th 1938. Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	Unknown

Other contributory causes of importance:

Coronary Thrombosis (old)	Sept 10 '37
Congestive Myocardial Failure	Jan. 1938

Was an operation performed? No Date of Not Applicable

For what disease or injury? Not Applicable

Name of operation Not Applicable

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Not Applicable

(Signed) Thomas Emmet Wolf M. D.

(Address) 11 E. Chase St., Baltimore, Md.

Feb 7-1938 Asst Registrar

13677 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13677

CERTIFICATE OF DEATH

V 95-B F

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hosp. Ward 12-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs Frank B Murphy
(a) Residence: No. Homewood apts. St., Charles & 31st Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 6 1860

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres of Printing Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Books etc
10. Date deceased last worked at this occupation (month and year) January 1938
11. Total time (years) spent in this occupation many yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER
13. NAME John Murphy
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Margaret O'Donnoghue
16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Miss Alice Murphy
(Address) 708 Park ave City

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 8 1938

19. UNDERTAKER Henry W Jenkins & Sons Co
(Address) McCulloh & Eutaw Sts.

20. FILED 19
Registrar.
2-7-1938 Huntington Fitzgerald, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-29-1938 to 2-6-1938
I last saw h.. alive on 2-5-1938 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart Disease	
arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? MD Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) S. D. Sunday M.D.
(Address) Union Memorial Hospital

13678

F 13678

HEALTH DEPARTMENT—CITY OF BALTIMORE

#29461

ST

CERTIFICATE OF DEATH

V 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton neckrota or neckerote

If U. S. Veteran specify WAR

(a) Residence: No. 1010 Scott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/12/1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Maron

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eva Gillespie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date Feb. 7 1937

19. UNDERTAKER Ambrose, Inc.

(Address) 101 W. Cross St.

Filed 2-7-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1937 to 2-4, 1938

I last saw h[illegible] alive on 2-3 1938. Death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinomatosis	Autumn
	1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Woodward Jr. M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13679 CERTIFICATE OF DEATH ✓ 108 F 13679

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1815 Port. St., 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Walter H. Geffert Jr.
(a) Residence: No. 1815 Port. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Dorothy Geffert
6. DATE OF BIRTH (month, day, year): Jan 1st 1911
7. AGE: Years 27; Months 1; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artists. Proof
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Crown Cork & Seal
10. Date deceased last worked at this occupation (month and year): 1/28/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER
13. NAME: Walter H. Geffert
14. BIRTHPLACE (city or town) (State or country): Wiss
15. MAIDEN NAME: Minnie Stiegler
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Dorothy Geffert 1815 Port St

18. BURIAL, CREMATION, OR REMOVAL: London Park Date 2-7 38
19. UNDERTAKER (Address): Mrs Chas A. G. Rohde 2327 Edmondson Ave

20. FILED: 2-7-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from January 31 1938 to February 4 1938
I last saw him alive on February 4 1938 Death is said to have occurred on the date stated above, at 5-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary bilateral Lobar Pneumonia	5 Days
Other contributory causes of importance: Cardiac Dilatation Pulmonary Edema	10 Days

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Albert Cosmitzer M. D.
(Address) 2025 Madison Ave.

13680

HEALTH DEPARTMENT—CITY OF BALTIMORE

13680

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Angela Magnone

(a) Residence: No. 41 N. Front St., ... Ward. Italy

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Magnone

6. DATE OF BIRTH (month, day, year) Feb. 29, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47 years	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Magnone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Salwicki

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 7 1938

19. UNDERTAKER Albert W. Dorsey

(Address) 440 E. North Ave

20. FILED Feb 7 1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1937 to February 5, 1938

I last saw h.i.m alive on February 5 1938 Death is said to have occurred on the date stated above, at 1.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Cirrhosis of Liver	Dec 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Gerardi M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 43681 — 82-aF 43681

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 W. Lexington St., 19 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Elliott

(a) Residence: No. 1712 W. Lexington St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: negro | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 65 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Giles Patterson (Address) 1712 W Lexington

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Cem. Feb 7 38

19. UNDERTAKER: Joseph Lee Halstead (Address) 718 Druid Hill Ave

Feb 7 1938 (Filed) 19 Huntington Halstead Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938 to Feb. 3, 1938

I last saw h... alive on Feb. 3, 1938 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/13/38

Other contributory causes of importance: none

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify. ...

(Signed) C. H. Pitts M. D.

(Address) 1536 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13682

13682

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Garrison Blvd. 15-6 Ward)

Length of residence in city or town where death occurred Life mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles William Kimmler If U. S. Veteran specify WAR None

(a) Residence: No. 2801 Garrison Blvd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E. Kimmler

6. DATE OF BIRTH (month, day, year) Aug 27-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.
	61	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leonard Kimmler

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Amelia Koch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Sadie E Kimmler
(Address) 2801 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 7 1938

19. UNDERTAKER Hugh Latimer Lowe
(Address) North Avenue

20. FILED FEB 7 1938 Hugh Latimer Lowe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-3- 1938 to 2-4 1938

I last saw him alive on 2-4 1938. Death is said to have occurred on the date stated above, at 6. A m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. Hemiplegia (left)

Date of onset 2-3-38

Other contributory causes of importance:

Hypertension

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. ...

(Signed) Howard F. Warner M. D.

(Address) 2604 Garrison Blvd

13683

HEALTH DEPARTMENT—CITY OF BALTIMORE

13683

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Norfolk Ave St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth 39 yrs. mos. da.

2. FULL NAME Joshua Selkloven

If U. S. Veteran specify WAR

(a) Residence No. 4108 Norfolk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) April 13-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Parking Lot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Shane

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/7/38 19

19. UNDERTAKER Jos. Levy Inc.

(Address) 1439 E Balto St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7- 1938

22. I HEREBY CERTIFY, That I attended deceased from about Dec. 1936 to Feb -7- 1938

I last saw him alive on Feb -7- 1938 Death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Coronary sclerosis	

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray E.K.G. Was (Were) an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Herman Sidel M. D.

(Address) 2404 Eutaw Pl

87-1938

13681 13681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-0

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. St. Agnes Hospital 5 et Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Dagold If U. S. Veteran specify WAR

(a) Residence: No. 2043 Wheeler Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed, or divorced (or) WIFE of: Isaac Dagold
7. DATE OF BIRTH (month, day, year)
8. AGE: Years 60; Months; Days; If LESS than 1 day, ... hrs. or ... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
11. Date deceased last worked at this occupation (month and year)
12. Total time (years) spent in this occupation
13. BIRTHPLACE (city or town) (State or country): Russia
14. NAME: Isaac Shranzer
15. BIRTHPLACE (city or town) (State or country): Russia
16. MAIDEN NAME: Unsure
17. BIRTHPLACE (city or town) (State or country): Russia
18. INFORMANT: Isaac Dagold (Address) 2043 Wheeler
19. BURIAL, CREMATION, OR REMOVAL: Place Forest Park Date 2/7/38
20. UNDERTAKER: (Address) 1421 E. Baltimore St. Huntington Williams, Inc.
FILED 2-7-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1938, to Feb. 6, 1938. I last saw her alive on Feb. 6, 1938. Death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction due to Volvulus. — Date of onset 2/2/38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/6/38

For what disease or injury? Intestinal Obstruction

Name of operation Resection & Gangrenous Intestine

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Nathan ... M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13685 × 59 F 13685

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. or Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Rose Howard

If U. S. Veteran specify WAR

(a) Residence: No. Edgewater St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Howard

7. DATE OF BIRTH (month, day, year) Aug 10 69

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

13. NAME George Hicks

14. BIRTHPLACE (city or town) (State or country) Calvert, Md

15. MAIDEN NAME Margrett Hicks

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Robert Howard

(Address) Edgewater

18. BURIAL, CREMATION, OR REMOVAL

Place Chews A.M.E. Church Date Feb 9 38

19. UNDERTAKER Bj Inman

(Address) Annapolis

FILED FEB 7 - 1938 Registrar Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938 to Feb 6, 1938

I last saw h alive on Feb 6 1938 Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease Decompensated	Jan 1938
Other contributory causes of importance Diabetes Mellitus	Unknown

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George H. Evans M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13686

CERTIFICATE OF DEATH

V 93-F 13686

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Harry Mat. Frank.

(a) Residence: No. 16 Edmondson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Frank

6. DATE OF BIRTH (month, day, year) Jan 6 86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	2/28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Wittrauk.

14. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

MOTHER

15. MAIDEN NAME Laurina Neubel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William P. Frank

(Address) 16 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/9 19 33

19. UNDERTAKER Geo. Whyte & Sons

(Address) 2503 Edmondson Ave.

20. FILED 1933 19 Registrar

C27-1933

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 19 33

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence found that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above. 12 30 pm 6

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of 2/9/33

For what disease or injury?

Name of operation Gastrostomy Date of 2/9/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Nara Coe M. D. Coroner

(Address) 16 Edmondson Ave.

13687

HEALTH DEPARTMENT—CITY OF BALTIMORE

13687

CERTIFICATE OF DEATH

✓ 117-B

16-2

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Cloud

If U. S. Veteran specify WAR

(a) Residence: No. 1316 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augustine

DATE OF BIRTH (month, day, year) 2-7-~~1900~~ 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~39~~ 38		11	~~30~~ 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & plumber helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Mary Hemphill

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Feb 7 1938

19. UNDERTAKER V. A. Brooks
(Address) 1003 N. Carey st

20. FILED 1938 Registrar

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1938 to 2-5 1938

I last saw him alive on 2-5 1938 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	
Broncho pneumonia	2/2/38

Other contributory causes of importance

Was an operation performed? Yes Date of 1-29-38

For what disease or injury? Duodenal ulcer

Name of operation Resection of ulcer - Polya type

What test confirmed diagnosis? Surg. & Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Woodward M. D.

(Address) Balto City Hosp

F 13688

13688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V + 214-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute to Hospital 19-2 Ward)

Length of residence in city or town where death occurred yrs mos 1 ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME John G Fennerich

(a) Residence: No. Northington Valley, Balto Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Tech. Bleach & Dyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northington Valley Md

FATHER

13. NAME Guy Bernard Fennerich

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Mary Griffin

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mrs B Fennerich

(Address) Northington Valley

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem Date Feb 8 1938

19. UNDERTAKER King Hutchinson & Co

(Address) Orchard & Harford Rd

FILED 19 Registrar

87-1938 Lt. F. Williams, A.F.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Air Plane Crash	Feb 6 1938
Fracture of Spine & Skull	"

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Greenfield near House

Manner of injury Air plane Crash

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T Court M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

13689 V 51-F 13689

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 18-13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Crane

(a) Residence: No. 640 W. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mary Crane

DATE OF BIRTH (month, day, year) Febry 2nd 1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. n/f
10. Date deceased last worked at this occupation (month and year) 30
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Walter Crane

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Crane
(Address) 640 W Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place N. W Cathedral Date 2/8/38

19. UNDERTAKER John J Coyne & Son
(Address) 901 Fallsway

Registered 7-1938 Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21. 1938 to Feb. 5. 1938
I last saw h.~~e~~ alive on Feb. 5. 1938. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
C C decompensation.	
Terminal bronchopneumonia	Feb 5. 1938

Other contributory causes of importance:
Carcinoma Penis c Metastasis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Richard S. Leyton M. D.

(Address) University Hospital

13690 HEALTH DEPARTMENT—CITY OF BALTIMORE 13690

CERTIFICATE OF DEATH

87-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3108 Glenndale av St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Ewart Jr. If U. S. Veteran specify WAR
(a) Residence: No. 3108 Glenndale av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 23, 1932

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	5	12	

OCCUPATION
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
11. Total time (years) spent in this occupation —
Date deceased last worked at this occupation (month and year) —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME William L. Ewart
14. BIRTHPLACE (city or town) (State or country) Lake City Col.

MOTHER
15. MAIDEN NAME Virginia Hinton
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Virginia Ewart (Address) 3108 Glenndale av

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 7, 1938

19. UNDERTAKER: John A. Ingram (Address) 3000 E. Baltimore St

20. FILED Feb 6, 1938 [illegible] Registrar

7-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. ..., 1938 to Feb. 4, 1938
I last saw him alive on Jan. 24, 1938 Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mongolian idiocy	Birth
Convulsions	2/4/38
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Bacon M. D.
(Address) 210 Washington Blvd. Hamilton, O.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13691 13691

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Foole

(a) Residence: No. 2560 Mulaney St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-1-38

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Morris Foole

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hazel Stultz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hosph. Despensary Date

19. UNDERTAKER
(Address)

FILED 2-7-1938 [illegible] for Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1938 to 2/2 1938

I last saw him alive on 2/2 1938 Death is said to have occurred on the date stated above, at 10:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Charles L. Goodlander M. D.

(Address) Balto. City Hospitals.

13692 # HEALTH DEPARTMENT—CITY OF BALTIMORE

#30489

CERTIFICATE OF DEATH

6-4 ✓ 159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Crisp, Baby Girl

(a) Residence: No. 12 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2/2/38

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 hrs-45 min.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Joseph

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Sophie Pellesky

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Crematory Disposal 19

19. UNDERTAKER
(Address)

20. FILED 19
(Registrar)

2-7-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/38 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-2 . 1938 . to 2-2 . 1938 .

I last saw h[illegible] alive on 2-2 . 1938 . Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery	
6 month pregnancy	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L L Woodward Jr. M. D.

(Address) Balto City Hosp

43693 F 43693

43693 HEALTH DEPARTMENT—CITY OF BALTIMORE #30386

CERTIFICATE OF DEATH

95-B St

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. city hospitals St., 17-1 Ward)

Length of residence in city or town where death occurred 40 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Phinney

(a) Residence: No. 918 St. mary's St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

DATE OF BIRTH (month, day, year) 7/6/1869

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
68	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister No 18

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash., D.C.

13. NAME Franklin

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Cem. Date 2/6/38

19. UNDERTAKER Ernest P. Keighley
(Address) 818 Druid Park Ave.

20. FILED 2-7-1938 Registrar. Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/38 , 19

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1938, to February 2, 1938. I last saw him alive on February 2, 1938. Death is said to have occurred on the date stated above, at 2 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-26-38
Bronchopneumonia	1-31-38
Other contributory causes of importance:	
Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanble M. D.

(Address) Baltimore City Hospitals

F 13694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28573--10M 95-B

Registered No. 347

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Napoleon Ingram

(a) Residence: No. 648 Mosher St. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/15/1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Scot

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Cora

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 7 - 1938
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 1938 Huntington Undertaking Co Registrar.

38094

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937 to February 1, 1938

I last saw him alive on February 1, 1938. Death is said to have occurred on the date stated above, at 3:51 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalle M. D.

(Address) Baltimore City Hospitals

Spec—1-30—M. & T.—250 Blks

F 43695

36935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-3

REGISTERED NO.

1-PLACE OF DEATH Cambridge Arms Apts. 6-I. 12-2

CITY OF BALTIMORE: (No. Charles & 34th Sts. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Roemer.

(a) RESIDENCE NO. Cambridge Arms Apts. 6-I. ST., WARD No War Service

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced, WIFE of HUSBAND of Rebecca J. Roemer.

7 DATE OF BIRTH (month, day, and year) February 3, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer of

(b) General nature of industry, business, or establishment in which employed (or employer) neck-wares.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Martin Roemer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Frey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Lillian Roemer.(daughter)

(Address) Cambridge Arms Apts. 6-I.

15 2-1938 Huntington Hollingsworth, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4, 193

17 I HEREBY CERTIFY, That I attended deceased from February 4, 1938, to February 4, 1938, that I last saw him alive on February 4, 1938, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Occlusion of the Coronary Arteries. (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

2/5, 1938 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Feb 8/38

20 UNDERTAKER Stewart & Mowen Company ADDRESS 108 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43696 — 695-BF 43696

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen Alphonso Carey

(a) Residence: No. 1702 Matrobe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) 8-17-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3 4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Alphonso

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemtry Date Feb 8 - 1938

19. UNDERTAKER Mrs Chas L. Bailey
(Address) 1421 Jefferson St

20. FILED Feb 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febmary 9. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 20. 1938. to Febmary 9. 1938.
I last saw her alive on Febmary 9. 1938. Death is said to have occurred on the date stated above, at 12 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-2-38
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) W. R. Le Sautelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

13697 F 13697

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Grand View Ave St., 27 Ward 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara G Bateman

(a) Residence: No. 4404 Grand View Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Nov 1 1876

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Samuel D Bateman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella G Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Miss Margt Bateman 4404 Grand View Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Feb 8, 1938

19. UNDERTAKER (Address) Reba Wiedefeld 914 Greenmount Ave

20. Filed ..... 1938 [illegible]

Dr Machen 1 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to February 5, 1938.

I last saw h[illegible] alive on February 4, 1938. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of Lobe Coronary Hemorrhage	? Dec. 1937
Other contributory causes of importance: Intestinal - Melena Tumor of Eye	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Dia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) FRANK H. MACHEN Frank H Machen, M. D.

(Address) 4037 Falls Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13698 13698 30471--C 24

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley Baker

If U. S. Veteran specify WAR

(a) Residence: No. 717 George t., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Viola

DATE OF BIRTH (month, day, year) 8-26-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Calvin

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Edna McDonald

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn. Date 2/9/38

19. UNDERTAKER Clay C. Wilson
(Address) 1000 Brantley Ave

20. FILED , 19
2-9-1938 Registrar
Huntington, Wallace, R.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-38 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2-1-38 , 19 , to 2-6-38 , 19

I last saw h im alive on 2-6-38 , 19 Death is said to have occurred on the date stated above, at 7:04p.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, organism unknown	1-15-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. De Shields M. D.
(Address) Baltimore City Hospitals

40928 E 13699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13699 161-T

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ilois Green If U. S. Veteran specify WAR

(a) Residence: No. 719 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/1/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Margaret Williams

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 7 1938

19. UNDERTAKER Commissioner C.
(Address) Per H. A. Moore

20. FILED 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from morning, Jan. 30 1938 to morning, Jan 30 1938
I last saw him alive on Jan. 28, 1938 Death is said to have occurred on the date stated above, at 10:17 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Peritonitis due to	Jan. 23/38
Infection umbilicus	
Streptococcus Septicaemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James L. Harland, M. D.

(Address) Johns Hopkins Hospital

3 1810 M

F 13700

HEALTH DEPARTMENT—CITY OF BALTIMORE

13700

CERTIFICATE OF DEATH

124-2

Registered No. .....

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 9-5
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR World War

2. FULL NAME Albert J. Osol

(a) Residence: No. 1161 Gorsuch Ave., Baltimore, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State) Md.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Duray Osol

DATE OF BIRTH (month, day, year) Feb. 19, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Legal Abstractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court House
10. Date deceased last worked at this occupation (month and year) 1-27-38
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Osol

14. BIRTHPLACE (city or town) (State or country) ? Sweden

15. MAIDEN NAME Pauline Plawin

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT (Address) Records- U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Date 2/9/38
Place Interment Lem

19. UNDERTAKER (Address) L. Heugauer & Son 3 r S. Broadway

20. FILED ..... 19..... Registrar.
1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938, to February 6, 1938.
I last saw him alive on February 6, 1938. Death is said to have occurred on the date stated above, at 7:55a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver, atrophic — Date of onset unknown
Septicemia — terminal

Other contributory causes of importance:

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. N. Graduate Nurse. M. D.
(Address) U. S. Marine Hospital, Balto. Md

HLW/6

43701 ✓ F-43701 B-1430542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43701 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 76-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

If U. S. Veteran specify WAR

2. FULL NAME Joe Bayline

(a) Residence: No. Homeless St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/9/1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	51	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 2/8 1938

19. UNDERTAKER Leonard D. Covington

(Address) 2111 W. 25th St

FILED 1938 ..... 19..... Registrar.

Monday for Tuesday 2/8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938, to February 6, 1938.

I last saw him alive on February 6, 1938. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-1-38

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. de Lamballe M. D.

(Address) Baltimore City Hospitals

13702 HEALTH DEPARTMENT—CITY OF BALTIMORE 13702

CERTIFICATE OF DEATH

94-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 23-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard J Gallery

(a) Residence: No. 1414 Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Ann Gallery

7. DATE OF BIRTH (month, day, year) July 4, 1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner J Brass Rods

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6009

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Byron Gallery

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Fitzwannie

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 2/8/38 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1318 Light.

Huntington Williams, W. Va.
Registrar.

37-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 . 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/20 . 1938 to 2/4 . 1938

I last saw h.. alive on 2/4 . 1938. Death is said to have occurred on the date stated above, at 7:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) E. T. Lisanby . M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7083 128 F 13703

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. 24-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clarence Edward Smith

If U. S. Veteran specify WAR World War

(a) Residence: No. 1295 Williams St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) Feb. 10, 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John William Smith

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME Clara May Edward

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records- U.S.Marine Hospital
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Feb. 8, 1938

19. UNDERTAKER A. Howard Evans
(Address) Fawcett Chapel

20. FILED FEB 7 - 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1938 to February 5, 1938

I last saw him alive on February 5, 1938. Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyst, hemorrhagic, pancreas	1-26-38

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-3-38

For what disease or injury? Cyst, hemorrhagic, pancreas

Name of operation Exploratory laparotomy, drainage of pancreas.

What test confirmed diagnosis? Clinical fdgs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no ... If so, specify .....

(Signed) T. B. N. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto, Md.

HLS/6

E 13704

3704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George L. Solomon

(a) Residence: No. Randalstown, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Corina L. Solomon

7. DATE OF BIRTH (month, day, year) Aug 16th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME OF FATHER Samuel Solomon

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME OF MOTHER Clara League

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Corina L. Solomon
(Address) Randallstown Md.

18. BURIAL, CREMATION, OR REMOVAL Zion Luth. Cemetery Feb. 9th 38

19. UNDERTAKER Frederick Boarman Sons
(Address) 1901 Edmondson Ave

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1938 to Feb. 6, 1938

I last saw him alive on Feb. 6, 1938 Death is said to have occurred on the date stated above, at 11.29 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Chronic Myocarditis	
Uremia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-27-38 & 2-2-38

For what disease or injury? Carcinoma of Prostate

Name of operation Two stage Prostatectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. H. Braillet, M. D.

(Address) St. Joseph's Hospital

1938 14

3705 ✓ F 13705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Mallow Hill Rd. 28-4 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Ward

If U. S. Veteran specify WAR

(a) Residence: No. 231 Mallow Hill Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Ward

7. DATE OF BIRTH (month, day, year) Feb. 5th. 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James E. Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Larkins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Thos. J. Ward
(Address) 231 Mallow Hill Rd.

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Cem. Date 2/9/1938 19

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED 19 (Registrar.)

1938

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 19 37 to Feb 6 19 38

I last saw h[illegible] alive on Feb 6 19 38. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Arteriosclerosis	
Other contributory causes of importance:	
Acute Coronary Dilatation	2/2/38
Thrombosis (femoral)	2/5/38

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James E. Fahey M.D.

(Address) 231 Mallow Hill Rd.

✓ F 43706

HEALTH DEPARTMENT—CITY OF BALTIMORE

43706

CERTIFICATE OF DEATH

Registered No. 1877

1. PLACE OF DEATH Baltimore City Hospitals 2-2
CITY OF BALTIMORE: (No. Bay View St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 10 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elva Bennett
If U. S. Veteran specify WAR

(a) Residence: No. 238 S. Dunham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~WIFE~~ of William Bennett (dead)

6. DATE OF BIRTH (month, day, year) March 12-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jos. Henson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia Lee

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Leonard Bennett
(Address) 232 S. Dunham

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/8 1938

19. UNDERTAKER Isaiah L Brown Sons
(Address) 1886 Monty Ave St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	Chronic

Other contributory causes of importance: No history

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood M. D.
Coroner

(Address) 1712 N. Broadway

E 13707

3707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 175 Registered No. 3772
CITY OF BALTIMORE: (No. Bay View St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.
If U. S. Veteran specify WAR

2. FULL NAME Frank C. Schenk
(a) Residence: No. 716 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Not for 10 years.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER
13. NAME Jacob Schenk
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Linda Saner
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Celestine Dotterweich
(Address) 716 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Feb. 9 1938

19. UNDERTAKER Tilley & Zeiler Inc.
(Address) 403 S. Wolfe St.

1938 FILED Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull, Hemorrhage of Brain due to fracture	Feb. 5-1938

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb. 5 1938
Where did injury occur? 3301 Foster Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Saloon
Manner of injury Assault Fist fight
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.
(Address) 1712 N. Broadway

3708 ✓ F 13708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4216 Monwood Ave St. 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Adolph H. Schmitt (Smith)

If U. S. Veteran specify WAR

(a) Residence: No. 4216 Monwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margarete Schmitt (Smith)

6. DATE OF BIRTH (month, day, year) Mar 11 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Schmitt (Smith)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Dafoch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna L. Smith
(Address) 4216 Monwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/8 1938

19. UNDERTAKER Eddy & Zollenberg
(Address) 403 S. Wolfe St.

1938 Huntington, West Virginia Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Feb 6, 1938.

I last saw him alive on Feb 6, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1937?
Depression	1937?
Chr. Nephritis	1937?
Uremia Feb 3	1938

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. Wolf Faulkner M. D.

(Address) 550 Fallsway

13709 F 13709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Mem Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
Was U. S. Veteran? specify WAR

2. FULL NAME Bruce Wanneman
(a) Residence: No. 767 E McKewin Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, ~~Married, Widowed~~ or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 27 1934

7. AGE: Years 3 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt

MOTHER
13. NAME: Frank Wanneman
14. BIRTHPLACE (city or town) (State or country): Md

FATHER
15. MAIDEN NAME: Mildred Buckman
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Mildred Wanneman
(Address) 767 McKewin Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Feb. 8 1938

19. UNDERTAKER: C. M. Waltz
(Address) Winfield, Md.

20. FILED Feb 10 1938 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd Degree Burns	1/29/38
Bronchopneumonia	2/1/38
Syncope	2/6/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 23 1938
Where did injury occur? 767 E McKewin
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At Home
Manner of injury Burns
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edgar A Evans M. D.
Coroner
(Address) Towson

7-1938

3710 F 13710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Heller

If U.S Veteran specify WAR

(a) Residence: No. 923 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vernon C. Heller

DATE OF BIRTH (month, day, year) Aug. 14-1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Henry Frei

14. BIRTHPLACE (city or town) Not Known
(State or country)

15. MAIDEN NAME Ramseyer

16. BIRTHPLACE (city or town) Not Known
(State or country)

INFORMANT Vernon C. Heller
(Address) 923 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 8 - 38

UNDERTAKER John A. Miller
(Address) 2334 Jefferson St.

FILED Huntington Williams, M.D.

1938 6 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-4- 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan-2- 1938 to Feb-4- 1938

I last saw her alive on Feb-4- 1938 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Right	1-27-38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irwin Dawber M. D.

(Address) Sinai Hospital

3711 3711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 E. Hoffman St. 6-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Colvin Rhodes

If U. S. Veteran specify WAR

(a) Residence: No. 2030 E. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Nov 24-1898

8. AGE: Years 39 | Months 2 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Williams Rhodes

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Hattie Henderson

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Hattie M. Rhodes
(Address) 2030 East Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb 9 1938

19. UNDERTAKER: E. J. Fanning & Son
(Address) 1938 East Lafayette Ave

20. FILED ... Huntington Williams, M.D. Registrar.

1038

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/14/37, 1937 to 2/6, 1938

I last saw him alive on 2/5 1938. Death is said to have occurred on the date stated above, at 2.55 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary — Date of onset

2. Dc.

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Fitton, M. D.

(Address) 1304 E. Eclair

F 13712

13712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 Hillcrest Ave., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Will

(a) Residence: No. 4016 Hillcrest Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Dena Will

DATE OF BIRTH (month, day, year) Aug 16 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4 5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known Germany

17. INFORMANT Mrs Dena Will
(Address) 4016 Hillcrest Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 9 1938

19. UNDERTAKER William M. Maneck
(Address) 713 Light St

FILED Feb 9 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to Feb 7 1938

I last saw him alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration Arteriosclerosis	1926
Generalized arteriosclerosis	
Other contributory causes of importance:	
Cardiac decompensation	2 mo.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Laurence H. Sera, M. D.

(Address) 104 W. Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

:3713 131 F 4:3713

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Edmondson Ave St.) (Ward) 46-6

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Forsterman

(a) Residence: No. 2710 Edmondson Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie L.

DATE OF BIRTH (month, day, year) May 26-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery Dec Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Forsterman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Swarp ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Howard E. Forsterman
(Address) 2710 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date 2/8/38 19

19. UNDERTAKER J. B. Hippert & Son
(Address) 1500 Eutaw Place

20. FILED 1938 ... 19 ... Registrar

36-1938

Copy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Feb 4 1938

I last saw h... alive on Feb 3 1938. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Chronic Interstitial Nephritis	

Was an operation performed? — Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. K. Schenck M. D.

(Address) 9379 Reisterstown

13714 HEALTH DEPARTMENT—CITY OF BALTIMORE 13714

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 (Washington Blvd) Ward) 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Iva A. Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 628 Washington Blvd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theo. R. Smith

DATE OF BIRTH (month, day, year) Jan. 27. 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	—	9 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Charles C. Corbey

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Elizabeth Hauck

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Eva N. S. Appel.

(Address) 628 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/8/38 19

19. UNDERTAKER J. H. B. Tippett & Son

(Address) 132a Pleasant Place Huntington Park, N.J.

20. FILED FEB 8 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from FEB 6 1937 to FEB 5 1938

I last saw h[illegible] alive on Feb 4 1938. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	1-24-38
PRIER DISEASES	

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? NO

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Edward J. Mulcahy M. D.

(Address) 628 WASHINGTON BLVD

HEALTH DEPARTMENT—CITY OF BALTIMORE

13715 F 13715

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. Md. Registered No. 59

CITY OF BALTIMORE: (No. 300 Birkwood Pl. St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hedlam MacLea If U.S. Veteran specify WAR

(a) Residence: No. 300 Birkwood Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Nellie Lee MacLea

6. DATE OF BIRTH (month, day, year) Jan. 16. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Egineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Market

10. Date deceased last worked at this occupation (month and year) Feb. 5, 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Wm. MacLea

14. BIRTHPLACE (city or town) (State or country) British Isles

15. MAIDEN NAME Hester Tidland

16. BIRTHPLACE (city or town) (State or country) ~~British Isles~~ Maryland

17. INFORMANT Kenneth MacLea

(Address) 3128 Wemyss Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Feb. 8, 1938

19. UNDERTAKER E. Leroy Stapleton, Inc.

(Address) 125 E. Monte Ave.

19 Registered 19

8-1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1937 to Feb. 5, 1938

I last saw him alive on January 29. 1938 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 5.
Diabetes Mellitus	8 yrs.
Generalized Arteriosclerosis	2-3 yrs
C-V. Disease & Hypertension	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury? Disease

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur Kaplan M. D.

(Address) 4335 Harford Rd.

13716 HEALTH DEPARTMENT—CITY OF BALTIMORE 13716

CERTIFICATE OF DEATH V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Newman

(a) Residence: No. 1616 Bennett Pl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 7 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date ... 19...

19. UNDERTAKER Archibald C. Haddix

(Address) 2141 McCulloh St

FEB 8 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1938 to 2-6 1938

I last saw h[illegible] alive on 2-6 1938 Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lupus Erythematosus	1/24/38

Other contributory causes of importance:

Pulmonitis.

Was an operation performed? Yes Date of 1 30 38

For what disease or injury? Lupus Erythematosus

Name of operation Debridement Excision

What test confirmed diagnosis? Clinical & Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1307 N Caroline St

F 4371 HEALTH DEPARTMENT—CITY OF BALTIMORE F 4371

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 119

CITY OF BALTIMORE: (No. Bay View St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edith Garry

(a) Residence: No. 1573 Pennsylvania Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Theodore Garry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edith Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edith Garry Mother

(Address) 1573 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Feb 8 '38

19. UNDERTAKER Wm. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED FEB 8 - 1938 Registrar Huntington Pittsburgh, W. Va.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1938

22. I HEREBY CERTIFY, That I was present at the [illegible] Inquiry Inquiry

[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero-Colitis	Feb 4 1938

Other contributory causes of importance: No History

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Wood Coroner M. D.

(Address) 1712 N. Broadway

O.K. Paul Schuster, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V186-a

F 13718 F 13718

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-3 Ward)

Length of residence in city or town where death occurred 55 yrs. - mos. 13 ds. How long in U. S. If of foreign birth? 55 yrs. - mos. - ds.

2. FULL NAME Miss Alithea McDowell

If U. S. Veteran specify WAR .....

(a) Residence: No. Cockeysville St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 2 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME William McDowell

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Helen Graham

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Stansbury Cockeysville Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hereford Cemetery Date Feby. 8 1938

19. UNDERTAKER John Armiger & Sons
(Address) 190 Eutaw Place Huntington Williams Mgr.

20. FILED Feb 8 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1938 to 2-7 1938

I last saw her alive on 2-6 1938 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of femur	1-14 38
Other contributory causes of importance:	
Bronchial pneumonia	2-2 38

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 1-14 1938

Where did injury occur? Cockeysville Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell in home

Nature of injury Fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wesley J. Keen M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

43719

CERTIFICATE OF DEATH

✓ 50 F 43719

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4816 Keswick Road St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isabel Evans Sands

(a) Residence: No. 4816 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hugh K. Sands

DATE OF BIRTH (month, day, year) Dec. 11, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Wm. J. Evans

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret E. Braughton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Josephine E. Meyer

(Address) Wyman Park Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. 2/8/38 19

19. UNDERTAKER John D. Mitchell Funeral Service

(Address) 1900 Eutaw Place

Huntington

FEB 8-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to Feb. 6 1938

I last saw her alive on Feb. 3 1938 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. Metastasis from Carcinoma of breast	June 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of 1935

For what disease or injury? Carcinoma of breast

Name of operation Radical breast amputation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sheldon Leverett M. D.

(Address) Medical Arts. Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43720 CERTIFICATE OF DEATH ✓ 82-a F 43720

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4902 Cordelia Ave. St. 27-18 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada M. Disney

(a) Residence: No. 4902 Cordelia Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 21, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	--	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier Atlantic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Refineing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry E. Disney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Cornelia L. Audoun

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Bessie Disney
(Address) 4902 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 2/9/38

19. UNDERTAKER John J. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

20. FILED FEB 8 - 1938 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1938 to Feb 6th 1938

I last saw her alive on Feb 6 1938 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan 28

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Spinal fluid + Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Nathaniel M Beck M. D.

(Address) 2727 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13721 — 186-a — F 13721

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Abram Looney Mc Clellan — If U. S. Veteran specify WAR

(a) Residence: No. Roland Park Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ABRAM LOONEY MCCLELLAN JR.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 16, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker (Clerk)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Abram L. McClellan

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Mary Dodson

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mrs. Chas. A. Bayler
(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Feb 9. 1938

19. UNDERTAKER The Woodall Funeral Chapel
(Address) 1 E. Eutaw Place

20. FEB 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12:30 P.M. 2-6-38, 19 to Midnight 2-6-38, 19

I last saw him alive on 2-6-38, 19. Death is said to have occurred on the date stated above, at 12:00 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis Tibia	Dec '37
Pneumonia, Lobar	Feb 38
Contributory Meningitis	
Other contributory causes of importance: Fell down stairs	Dec 20 1937

Was an operation performed? Yes Date of 2-6-38

For what disease or injury? Acute epidemic disease

Name of operation Laminectomy

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Dec 20 1937, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Hand M. D.

(Address) Union Memorial Hospital

M. B. P. 1268-9

F 43722

3722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton ave City St. 70-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Kalbenberg

(a) Residence: No. 3110 Strickland, Apt., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 18-1920

7. AGE: Years 18; Months —; Days 19; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME OF FATHER: Wm. Pals Kalbenberg

14. BIRTHPLACE (city or town) (State or country): Frederick Maryland

15. MAIDEN NAME OF MOTHER: Helen Pipken

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Jenkins Memorial Hosp. 1000 Eaton ave City

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date January 9, 1938

19. UNDERTAKER (Address): Charles J. Black 742 West Fayette Ave

FILED: FEB 8 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to February 6, 1938

I last saw her alive on February 6, 1938 Death is said to have occurred on the date stated above, at 7.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-5-38
Other contributory causes of importance: Microcephalus - Congenital Idiot.	Birth

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurence L. Schumacher, M. D.

(Address) St Agnes Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13723

CERTIFICATE OF DEATH

✓ 93-C 13723

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3442 Auchentoroly Ter. 23-4 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Eichelberger If U. S. Veteran specify WAR World.

(a) Residence: No. 3442 Auchentoroly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hilda C Eichelberger

DATE OF BIRTH (month, day, year) May 6 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs

10. Date deceased last worked at this occupation (month, day, year) 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

13. NAME OF FATHER James H. Eichelberger

14. BIRTHPLACE (city or town) (State or country) Emmitsburg

15. MAIDEN NAME OF MOTHER Sarah Minnie Stoke

16. BIRTHPLACE (city or town) (State or country) Emmitsburg

17. INFORMANT Mrs. Hilda Eichelberger
(Address) 3442 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL Emmitsburg Date Feb. 8, 1938

19. UNDERTAKER William J. Dukes & Son
(Address) Paul & Penna. Ave

FEB 8 - 1938

Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to Feb 6, 1938

I last saw him alive on Feb 5, 1938. Death is said to have occurred on the date stated above, at 1.45 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset 2/6/38

Other contributory causes of importance:

Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Edw Talbott M. D.

(Address) 2307 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13721 ✓ 93-C F 13721

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 N. Paca St St. 4-2 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah Austin

(a) Residence: No. 326 N. Paca. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. E. Austin

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. H.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0037

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: UnKnown

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: UnKnown

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Chas. E. Austin

(Address): 326 N. Paca. t,

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Date 3/9 38

19. UNDERTAKER: Wm Cook

(Address): 151 Old Town Rd Huntington Williams, N.Y.

FILED 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described herein and from the evidence above, held an Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

Coroner

(Address) 2737 Wilkins

56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4372.5 V 96 F 4372.5

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 16-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah E. Evans

If U. S. Veteran specify WAR No Record

(a) Residence: No. Church Home & Infirmary Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ W H B Evans Sarah A. Evans

DATE OF BIRTH (month, day, year) Dec 19, 1850

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
87	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self ditto

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Marsh

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT W. H. B. Evans Jr

(Address) 2030 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 9th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FEB 8 - 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb - 6, 1938. to Feb. 6, 1938

I last saw her alive on Feb. 6, 1938. Death is said to have occurred on the date stated above, at 7:22 Pm.

The principal cause of death and related causes of importance were as follows:

Ruptured Abdominal Aneurism. Arteriosclerosis. Senility.

Date of onset

Other contributory causes of importance:

Senility.

Was an operation performed? ~~Yes~~ No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13726 ✓108 F 13726 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ernst Langner

(a) Residence: No. 212 Towson St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Maria Dora Langner

DATE OF BIRTH (month, day, year) May 2 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rosalie Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maria D. Langner

(Address) 212 Towson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 5th 38

19. UNDERTAKER Wm Cook

(Address) 217 St. Paul St

188-1938 Huntington, Williamsport, Md. Printer.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Feb 2, 1938

I last saw h[illegible] alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Pneumonia - Lobar consolidation	1-26-38
Chronic Myocarditis - Arteriosclerosis	?
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. N. Brouillet M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13727 F 13727

CERTIFICATE OF DEATH V 23

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 627 East 35th St., 9-3 Ward)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Marion Hardy
If U.S. Veteran specify WAR No Record

(a) Residence: No. 627 East 35th St., Ward.
(Usual place of abode) 23 yrs
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male
Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
If married, widowed, or divorced: HUSBAND of (or) WIFE of: Christine J Hardy
DATE OF BIRTH (month, day, year): Sept 5-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	1	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paper Hanger
10. Date deceased last worked at this occupation (month and year): 1
11. Total time (years) spent in this occupation: 05

12. BIRTHPLACE (city or town) (State or country): Stelton Penna
13. NAME OF FATHER: Benjamin Hardy
14. BIRTHPLACE (City or town) (State or country): Unknown
15. MAIDEN NAME OF MOTHER: Ellen E Ewing
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT: Christine J Hardy
(Address) 627 East 35th Street
18. BURIAL, CREMATION, OR REMOVAL
Place: Loden Park Date: Feb 9th 1938
19. UNDERTAKER: Wm Cook
(Address) 217 St Paul Street
20. FILED: Huntington Williams, M.D. Registrar
FEB 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 - 1937 to Feb. 6 1938
I last saw him alive on Feb 4 1938. Death is said to have occurred on the date stated above, at 10.5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Acute Myocarditis	3 yrs 3 days
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? no Date of
For what disease or injury?
What test confirmed diagnosis? Finding Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) F W Bunting M. D.
(Address) 1 W Williams St

43728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-MF 43728

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Joseph Hospital 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Guy L. Fadely
(a) Residence: No. 2221 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Chas. E. Fadely

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Victoria Graudstaff

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. J. W. Hendrickson
(Address) 5 Ridgway Ter. Cumberland

18. BURIAL, CREMATION OR REMOVAL Columbia Nurse Va 2/8 1938
Place

19. UNDERTAKER Tallman & Cook
(Address) 1217 E. Lanvale

FILED FEB 8 1938 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) died that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
His	
Fracture of Ribs R. Side	
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Feb. 4, 1938 Date of injury, 19
Where did injury occur? Wash. St. & St Clara Ld. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner Struck by Auto. while crossing
Nature of injury Street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 3757 Hamilton

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(13729) ✓93-C (13729)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Geo St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah Garrison

If U. S. Veteran specify WAR

(a) Residence: No. 643 Geo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: negro

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Oct. 1887

8. AGE: Years 50 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: William Garrison

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Letitia

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Harry Mason 643 George st.

18. BURIAL, CREMATION, OR REMOVAL: Laurel Cem. Date Feb 8. 1938

19. UNDERTAKER (Address): Adolphus Hartrad 943 Bond Baltimore Md.

20. FILED: FEB 8 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1938 to Feb 5 1938

I last saw him alive on Feb 1938. Death is said to have occurred on the date stated above, at 7.30 Pm

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Oct 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1819 Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43730 ✓ 93-c F 43730

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 W. Hamburg St. 23-2 Ward)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George O. Leisure

(a) Residence: No. 16 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen B. Leisure

DATE OF BIRTH (month, day, year) Apr. 11, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburgh Plate Glass Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Leisure

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Spurrier

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Helen B. Leisure

(Address) 16 W. Hamburg St.,

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb. 9, 1938

UNDERTAKER H. Howard Strong

(Address) 715 Light St.

Feb 8 1938 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1933 to Feb. 6, 1938

I last saw him alive on Feb. 5, 1938 Death is said to have occurred on the date stated above, at 7.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis, coronary thrombosis	Dec. 5th, 1933

Other contributory causes of importance:

Was an operation performed? no Date of - - - -

For what disease or injury? - - - -

Name of operation - - - -

What test confirmed diagnosis? P.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Leibel M. D.

(Address) 1224-1226 Hanover St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13731 — CERTIFICATE OF DEATH — F 13731

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thompson (23921) If U. S. Veteran specify WAR

(a) Residence: No. 1111 Madison Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

DATE OF BIRTH (month, day, year) June 13, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Rich

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lula Lorice

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Danville Va Date 2/9/ 1938

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

FEB 8 - 1938 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Feb. 5, 1938

I last saw him alive on February 5, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Tuberculosis of lungs	March 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13732 CERTIFICATE OF DEATH ✓108 F 13732

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Graves B. Holliday

If U. S. Veteran specify WAR

(a) Residence: No. 1805 Division St. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Holliday

DATE OF BIRTH (month, day, year) June 6, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Jan 38

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alexander Holliday

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriet Pearson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Estella Robinson

(Address) 1805 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 2/9/ 1938

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED FEB 8-1938 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-3- 1938 to 2-6- 1938

I last saw him alive on 2/6/ 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-27-38

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard D. Corr M. D.

(Address) 515 Mulberry St

13733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13F 13733

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Etting St St. 17-2 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Jolly

(a) Residence: No. 1216 Etting St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa

DATE OF BIRTH (month, day, year) Jan 16 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 40 SP

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME James E. Jolly

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Catherine Carey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Rosa Jolly 1216 Etting St

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cem. Date 2/9 1938

19. UNDERTAKER (Address) James A Hemsley 3.28 W Biddle St

FEB 8 - 1938

Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 7 1938

I last saw h[illegible] alive on Feb 7 1938 Death is said to have occurred on the date stated above, at 2.40 a. m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular, Renal Insufficiency

Date of onset Several years

Other contributory causes of importance: ?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

F 13734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 823 S. Conkling St. 26-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Anthony Miller
If U. S. Veteran specify WAR .....
(a) Residence: No. 823 S. Conkling St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Anna Miller

DATE OF BIRTH (month, day, year) Sept 29. 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	22 4	8 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Andrew Miller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Martha ?
16. BIRTHPLACE (city or town) (State or country) germany
17. INFORMANT Mary Clark
(Address) 823 S Conkling
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/9, 1938
19. UNDERTAKER Maynard A. Douglas
(Address) 214 N. Eden St.
FILED FEB 8 - 1938 19..... Registrar.
Remington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 1937 to Feb 6 1938
I last saw h... alive on Feb 6 1938 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1934
Chr. Myocarditis	1935
Uremia Dec 29	1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Anthony J McClinn M. D.
(Address) 3507 Foulis

To Mechanic Falls Road

735

HEALTH DEPARTMENT—CITY OF BALTIMORE

13735

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4026 Hickory Ave St. B-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Baker

If U. S. Veteran specify WAR

(a) Residence: No. 4026 Hickory Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah L. Baker

7. DATE OF BIRTH (month, day, year) July 14, 1861

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Baker

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Magdaline Shaffer

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Mary Ast

(Address) 4026 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Feb 7 1938

19. UNDERTAKER Thanhouser & Son

(Address) 3615-17 Chestnut Ave

20. FILED Feb 8 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Feb 6, 1938

I last saw h[illegible] alive on Feb 5, 1938 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/21/38
Cardiac Dilatation	
Other contributory causes of importance: Pneumonitis	1/21/38

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H Mank M. D.

(Address) 4037 Falls Road

13736 — F 13736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13736

Registered No.

1. PLACE OF DEATH: Bad marriage St. Bay Hospital 125-B
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16 Ward)

Length of residence in city or town where death occurred 14 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lena Jane Furman

(a) Residence: No. 1826 Raymond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonard Furman

6. DATE OF BIRTH (month, day, year): March 5 1916

7. AGE: Years 21 | Months 10 11 | Days 27 | If LESS than 1 day.... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Jorge Fontes
14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Mary Fontes
16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Leonard Furman
(Address) 1826 Raymond ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date 2/9/38 19

19. UNDERTAKER: Joseph Kasmaka Inc Bere
(Address) 1221 Washington Blvd

20. FILED 2-1938 Huntington Williams, Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) find that said deceased came obtained by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Dilation, Heart — Date of onset

Other contributory causes of importance:

Heart Disease — Acute Cardiac Failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C. Hart Graves M. D. Coroner

(Address) 1211 Hanover

F 13737 #13130

3737

HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

CERTIFICATE OF DEATH

107-a

Registered No. 6-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Winterling

(a) Residence: No. 16 N. Milton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

life

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) 11/5/1859

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Conrad Spun

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL Place

UNDERTAKER (Address) Gilbert Zeigler 413 S. Howard

FILED 8-8-1938 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to February 6, 1938

I last saw him alive on February 6, 1938. Death is said to have occurred on the date stated above, at 1:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3-38
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. De Santella, M. D.

(Address) Baltimore City Hospitals

3738 HEALTH DEPARTMENT—CITY OF BALTIMORE 13738

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Aisquith Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Honora B. McCreer

(a) Residence: No. 1635 Aisquith Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Mc Creer

DATE OF BIRTH (month, day, year) March 25, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Finnessy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Sexton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Aubrey

(Address) 1635 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. 2/9/38

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED ..... 19 ..... Registrar.

2-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Feb 6 1938.

I last saw h.. alive on Jan 25 1938. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis, arteriosclerosis. Mitral insufficiency Myocarditis Decompensation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Hyde M. D.

(Address) 1100 E Oliver

13739

HEALTH DEPARTMENT—CITY OF BALTIMORE

13739

CERTIFICATE OF DEATH

29376--RHW

1. PLACE OF DEATH

Registered No. 11-L 34 f-59

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 1218 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2/23/1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 10 1938

19. UNDERTAKER Joseph A Sperley
(Address) 1409 N Mount St

20. FILED 1938 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937, to 2-6, 1938

I last saw her alive on 2-6, 1938 Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis abscesses	unknown
Diabetes mellitus	unknown
Anemia	2-4-38
Urinary Extravasation	2-1-38

Other contributory causes of importance: 0

Was an operation performed? Yes Date of 1/14, 1/28, 2/5/38

For what disease or injury? 1 & 2 Both

Name of operation? 1 & 2 Both

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. K. Woodward, M. D.

(Address) Balto. City Hosp.

F 43740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. .... St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 5 da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

If U. S. Veteran specify WAR ....

2. FULL NAME Benjamin Zimmerman

(a) Residence: No. 658 S. Bloud New York St., ... Ward. 7-5

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) Dec 11 1901

7. AGE Years	Months	Days	If LESS than 1 day .... hrs. or .... min.
36	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Hannah Zimmerman

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records

(Address) ....

18. BURIAL, CREMATION, REMOVAL Place Beth David Cem. Date Feb 9 1938

19. UNDERTAKER Geo M. Zindt & Son

(Address) 811 N Wolfe St

20. FILED Feb 8 1938 .... Registrar

Huntington Pollard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938 to Feb 7 1938

I last saw him alive on Feb 7 1938. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - bifrontal glioma (malignant)	1929
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 5, 1938

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) William Gray Lawson M. D.

(Address) Johns Hopkins Hospital

13741 ✓ F 13741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3911 Georgia Ave (St.) (Ward) 9

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elisah Gibson Carey

(a) Residence: No. 3911 Georgia Ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fanny Davis Carey

DATE OF BIRTH (month, day, year) Dec. 17, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Frankford Del.

13. NAME Jos. S. Carey

14. BIRTHPLACE (city or town) (State or county) Del.

15. MAIDEN NAME Sydney Campbell

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs. Fanny D. Carey

(Address) 3911 Georgia Ave Phone ...

18. BURIAL, CREMATION, OR REMOVAL Place Frankford Del. Date Feb. 9 38

19. UNDERTAKER Mr. Fletcher Bond

(Address) Ocean & Fenwick Sts.

FEB 8 - 1938 Washington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to Feb. 7th 1938

I last saw h[illegible] alive on Feb 2nd 1938 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Type IV Pneumococcus Infection	
Other contributory causes of importance: Bronchiectasis	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) [illegible] M. D.

(Address) 304 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

13742

CERTIFICATE OF DEATH

93-cF 13742

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Fait St. 1-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 54 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Dembech.

(a) Residence: No. 2917 Fait St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 29/64

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 1940

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Frank. Dembeck.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Philip Dembeck.
(Address) 3001 Dalton St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb. 9 1938

19. UNDERTAKER Stephen J. Zalkowski
(Address) 1000 S. Kenwood ave.

20. FILED ... 19...

FEB 8-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/2/38 to 2/5/38

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Pneumonia	3 wk
Other contributory causes of importance: Myocarditis	2 mos

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Gilman, M. D.

(Address) 1138 Baltic

HEALTH DEPARTMENT—CITY OF BALTIMORE

13743

CERTIFICATE OF DEATH

159 F 13743

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St. 24-4 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John David Hampson

(a) Residence: No. 513 Ols Orchard Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of No

DATE OF BIRTH (month, day, year) Feb 6 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William B. Hampson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Helen Muth

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. W.B. Hampson
(Address) 513 Ols Orchard Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/8 1938

19. UNDERTAKER H Courtney Y. Mears and Son
(Address) for M.J. Colvert & Sons Baltimore Md

FEB 8 - 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1938 to Feb 7th, 1938

I last saw h alive on Feb 7th, 1938. Death is said to have occurred on the date stated above, at 1.550 m.

The principal cause of death and related causes of importance were as follows:

Prematur Birth — Date of onset

Other contributory causes of importance:

None

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None

Where did injury occur? No injury
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward L. Smith M. D.

(Address) 920 St. Paul St.

13744 F 13744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelia Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 412 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ezekiel Taylor

DATE OF BIRTH (month, day, year) April, 1840

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

13. NAME James Edwards

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Julia Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ezekiel Taylor

(Address) 412 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Co Va Date Feb 9 1938

19. UNDERTAKER T. G. Kelson

(Address) 1303 Pennsylvania Ave

1938 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938 to Feb 6, 1938

I last saw her alive on Feb 6, 1938 Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 5 38
Other contributory causes of importance:	
Cancer	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas L. Carey M. D.

(Address) 515 Mass Ave

13745 F 13745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 112 N Eaton St. 36-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME William H. C. Hutchins If U. S. Veteran specify WAR
(a) Residence: No. 112 S Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Hutchins

DATE OF BIRTH (month, day, year) Aug 8 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12-32
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Mary C Hutchins
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary E Simmons
16. BIRTHPLACE (city or town) (State or country) Md
INFORMANT Carrie Hutchins
(Address) 112 S Eaton St
17. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 9 1938
18. UNDERTAKER John Welsh
(Address) 2008 Orleans St
19. FILED [illegible] Registrar

1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to 2/6 1938.
I last saw h[illegible] alive on 2/6 1938. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Pulm Edema	2/6/38
Other contributory causes of importance: Chronic Nephritis fatal	Unknown

Was an operation performed? — Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Eugene Fuller M. D.
(Address) 332 E Eager

HEALTH DEPARTMENT—CITY OF BALTIMORE

13746 82-a F 13746

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3832 Old Fredrick Rd (Ward) 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. O'Hara
If U. S. Veteran specify WAR

(a) Residence: No. 3832 Old Fredrick Road Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Hester O'Hara

DATE OF BIRTH (month, day, year) March 14, 56

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME James F. O'Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Garry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary O'Hara
(Address) 3832 Fredrick Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 9 1938

19. UNDERTAKER Margaret E. Feeney
(Address) 1923 Eagle St.

20. DATE RECEIVED FEB 8 - 1938 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1937 to 2-7 1938

I last saw him alive on 2-7 1938 Death is said to have occurred on the date stated above, at 9 35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Clarence Loughridge M. D.

(Address) 1956 W Balto St

F 13747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3 F 13747

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Wallace Hellmann sr

(a) Residence: No. 2804 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 12 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0.00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Frederick J. Hellmann

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Annie E. Wallace

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm. Hellmann

(Address) 2804 Norfolk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Ave. Date Feb 10, 1938

19. UNDERTAKER Margaret E. Flaherty

(Address) 1421 Eutaw St

20. FILED FEB 8 - 1938, 19

Registrar

Washington Philadelphia P.R.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Thrombus, M. D.
Coroner

(Address) 1712 E. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13748

CERTIFICATE OF DEATH

F 13748

94-B

Registered No. 1822

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 115 E Pratt St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Stockert

(a) Residence: No. 115 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Common Law

6a. If married, widowed, or divorced (HUSBAND of / WIFE of) John Bergin

6. DATE OF BIRTH (month, day, year) Dec. 24 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

FATHER

13. NAME John Stockert

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Bergin

(Address) 115 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthias Date Feb 9 1938.

19. UNDERTAKER Wendell Hughes

(Address) 605 S. Conkling St

FEB 8-1938

Registrar

Washington Williams, A.C.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb. 7 1938
Other contributory causes of importance: Severe Diarrhea	3 Days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Wood, M. D. Coroner

(Address) 1712 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

13749

CERTIFICATE OF DEATH

13 1 F 13749

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 N. 35th St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna Ferrell

If U. S. Veteran specify WAR .....

(a) Residence: No. 845 N. 35th St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: George F. Ferrell

7. DATE OF BIRTH (month, day, year): Feb. 22-1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

13. NAME: David Henderson

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Eliza

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Millard F. Filpelm

(Address) 845 N. 35th St.

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's (Hamden) Feb. 9. 1938

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

19a. Filed ..... 19.... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3. 1932 to Feb 6. 1938

I last saw her alive on Feb 6 1938 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	1930
Other contributory causes of importance: Myocardial Insufficiency	Feb 1, 1938

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. N. Wilson, M. D.

(Address) 617 W 40th St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43750 CERTIFICATE OF DEATH 43750

Registered No. 92-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3742 Roland Ave St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Yeager

If U. S. Veteran specify WAR

(a) Residence: No. 3742 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth E. Yeager

7. DATE OF BIRTH (month, day, year): July 31-1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Monumental Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 10 Yrs.

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

13. NAME: Charles H. Yeager

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Hartman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Elizabeth E. Yeager

(Address): 3742 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL: New Market Balto Co. Date: Feb. 9- 38

19. UNDERTAKER: Horace F. Burger

(Address): 3631 Falls Road

FEB 8-1938

(Signature) Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6- 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Feb 6, 1938

I last saw h[illegible] alive on Feb 5- 1938. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis Cerebral Arthro	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13751 — CERTIFICATE OF DEATH — 107-0 F 13751

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor, 401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Powers

(a) Residence: No. 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane Donaldson

DATE OF BIRTH (month, day, year) 3 June 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Powers

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Stanislaus, Supt.

(Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. 2/11/38

19. UNDERTAKER Chas. F. Duffy & Son

(Address) 118 W. Mt. Royal Ave

Huntington Williams, N.P. Registrar.

20. FILED Feb 13 1938

F-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938, to Feb 7, 1938

I last saw h— alive on Dec 6, 1937. Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset Feb 3

Other contributory causes of importance:

Cerebral Sclerosis

Was an operation performed? No — Date of .....

For what disease or injury?

Name of operation .....

What test confirmed diagnosis? Phys — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. C. Carter, M. D.

(Address) 114 Harford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13752

CERTIFICATE OF DEATH

8-34-23 F 13752

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Schertle (29645)

If U. S. Veteran specify WAR

(a) Residence: No. 1611 N. Montford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Schertle

DATE OF BIRTH (month, day, year) Feb. 27, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Schertle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie Schuck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer-Feb 11-1938

19. UNDERTAKER Joseph Foster & Son (Address) 1514 N. Fremont Ave

FILED FEB 8-1938, 19 FEB 8-1938 Registrar.

Huntington Williamsport, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938 to February 8, 1938

I last saw him alive on February 8, 1938 Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug 1937
Tuberculosis of Larynx	Nov. 1937
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Curtis, M. D.

(Address) Baltimore City Hospitals

ec.—2-29-28—L. F. S.—500 Bks.

F 43753

43753

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E. Henrietta ST. 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Annie Rebecca Ford

(a) RESIDENCE NO. 41 E. Henrietta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of George Washington Ford.

DATE OF BIRTH (month, day, and year) Febry 27. 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore City Md

10 NAME OF FATHER Richard H Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mrs. Ella Cooper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Margaret E. Ford.

(Address) 41 E. Henrietta St.

1938 Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 5/38

17 I HEREBY CERTIFY, That I attended deceased from Febry 4th, 1938 to Febry 5, 1938

that I last saw her alive on Febry 5, 1938

and that death occurred, on the date stated above, at 9.55 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

2 See note 2

(duration) 5 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Harmon M. D.

2/6, 1938 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Feb. 9 1938

20 UNDERTAKER John J. Fahey & Son

ADDRESS 318 Light St.

✓ F 12754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12754

94-a

Registered No. .....

1. PLACE OF DEATH Eutaw Place + Brooke Lane.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Esplanade 906 St. 3-1 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara Oppenheimer

(a) Residence: No. Esplanade 906 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Reuben Oppenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julie Weinberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Reuben Oppenheimer
(Address) Esplanade 906

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Har Sinai Cem. Date Feby. 9 1938

19. UNDERTAKER David Sondheim + Son
(Address) 1902 Eutaw Place

FILED ..... 19..... ....Registrar.

1938

Huntington Pikesville

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from January 30 1938, to Feby 7 1938

I last saw h.. alive on February 6 1938. Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 30 38
Other contributory causes of importance:	
Arteriosclerosis (Generalized)	1927
Emphysema	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

3755 F 13755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Makowka

(a) Residence: No. 1926 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 5, 1938

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 day, 11 hrs	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Stanley Makowka

14. BIRTHPLACE (city or town) (State or country) Newark, N. J.

15. MAIDEN NAME Edna Richer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Stanley Makowka
(Address) 1926 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 2/9 '38

19. UNDERTAKER John S. Connelly
(Address) Essex Md.

20. FILED [illegible] Registrar.

938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-5-38 to 2-6-38.

I last saw h alive on 2-6-38 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Linas M. D.
(Address) Sinai Hospital

F 13756

13756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2436 Barclay St. St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William E. Tarbutton

(a) Residence: No. 2436 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Donnolda Marie Tarbutton

6. DATE OF BIRTH (month, day, year) Sept. 21, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Capt. George Tarbutton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie E. Smith

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

17. INFORMANT Mr. Wm. E. Tarbutton
(Address) 516 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Church Hill Cem. Date Feb. 9, 1938

19. UNDERTAKER Wm. H. Pickrell & Son
(Address) North & Pa. Ave.

20. FILED Feb. 9 1938 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 2/7/1938

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Evans M. D.
Coroner

(Address) Coroner

F 43757

757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Edmondson Ave St., 10-7 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Mary Lerio

If U.S. Veteran specify WAR .....

(a) Residence: No. 3505 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Lerio

DATE OF BIRTH (month, day, year) Aug 15 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	21	

8. Trade, profession, or particular kind of work done, as spinner, saw, or, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Farace

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Farace

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Joseph Lerio 3505 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Feb 9 1938

19. UNDERTAKER (Address) Albert W Gregory 440 E. North Ave

FILED Feb 8-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-28- 1938 to 2-6 1938

I last saw h[illegible] alive on 2-6 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diabetes & Gitliasis & chronic nephritis.	several years
Other contributory causes of importance: Intestinal disturbances. - Terminal pneumonia	4 days

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. J. Chances M. D.

(Address) Medical arts Bldg.

F 13758

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13758

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Light St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret (Maggie) Plack

If U. S. Veteran specify WAR .....

(a) Residence: No. 1513 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) Feb. 15, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ludwig Plack

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Pauline A. M. Eberhardt
(Address) 1513 Light St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Feb. 10, 1938

19. UNDERTAKER J. Howard Strong
(Address) 715 Light St

20. FILED 19 ..... Registrar

2-3-1938 H. E. L. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938 to Feb. 7, 1938

I last saw HER alive on Feb. 6.45 1938 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Indefinite	
Other contributory causes of importance:	
Uremia	2/6/38

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

2/8/38 (Signed) H. E. Campbell M. D.
(Address) 1644 Hanover St.

M. D. B 1268-9

13759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13759

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 1-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Richardson

(a) Residence: No. 3108 Hillen Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Richardson

6. DATE OF BIRTH (month, day, year) July 9-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME Mrs. R. Marshall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs E. Richardson

(Address) Eastern Ave, Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/9 1938

19. UNDERTAKER John G. Connelly

(Address) Essex Md

20. FILED 19 Registrar

2-1938 Herrington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac Failure - Uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1912 E. North Ave.

Sparwasser

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43760

43760

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Sparwasser

If U. S. Veteran specify WAR

(a) Residence: No. 41 N. Kresson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 24 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9 weeks	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George T. Sparwasser

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary E. Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT George T. Sparwasser

(Address) 41 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Feb. 9 1938

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 Eager St.

FEB 9 - 1938

Huntingtown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1938 to 2-7 1938

I last saw h~~e~~ alive on 2-7 1938 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-3-38
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Kresky, M. D.

(Address) Mercy Hospital

13761

Bunzhuber

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13761

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. Patterson Pk Ave St.) 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Bunzhuber

(a) Residence: No. 121 N. Patterson Pk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of [redacted] Margaret Bunzhuber

6. DATE OF BIRTH (month, day, year) October 10 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Bunzhuber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Bunzhuber

(Address) 929 W. Fay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feb 8 1938

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar

Feb 9 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral apoplexy

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1719 E. North Ave.

13762 HEALTH DEPARTMENT—CITY OF BALTIMORE 13762

CERTIFICATE OF DEATH ✓ 82-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2436 Eutaw place St. 13-1 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Israel Steinberg

(a) Residence: No. 2436 Eutaw place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray

7. DATE OF BIRTH (month, day, year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman Retired 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs Ray Steinberg
(Address) 2436 Eutaw pl

BURIAL, CREMATION, OR REMOVAL Date Feb 9. 38
Hebrew Cemetery Washington Road

UNDERTAKER Sol. Levinson & Bros
(Address) 1124-26 W. North ave

58 [redacted] Washington Millwood, Ky

LKY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8. 1938

22. I HEREBY CERTIFY That I attended deceased from 1/26 1938 to 2/8 1938

I last saw him alive on 2/5 1938. Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3 days
Other contributory causes of importance: Apoplexy Arterio-Sclerosis	13 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. Hubert Hand E M. D.

(Address) 1901 Eutaw pl

M. D. P. 1268-9

4376 3 HEALTH DEPARTMENT—CITY OF BALTIMORE 4376 3

CERTIFICATE OF DEATH 193-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E Lanvale St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Francis Murphy

(a) Residence: No. 313 E Lanvale St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Geo H Murphy

7. DATE OF BIRTH (month, day, year): Dec 3rd 1851

8. AGE: Years 86; Months 2; Days 4; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Randolph Richard

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Anna Burns

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: James R Murphy

(Address): 313 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 9th 1938

19. UNDERTAKER: Geo Scarlings Sons

(Address): 211 E Baltimore St

20. FILED 19 Registrar

Feb 1938 Huddington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5- 1937 to Feb 7- 1938

I last saw her alive on Feb 5- 1938. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Oct 5, 1937
Other contributory causes of importance: Edema of Lungs	2/7/38

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

3764

HEALTH DEPARTMENT—CITY OF BALTIMORE

3764

CERTIFICATE OF DEATH

Registered No. 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie F. Oliver

(a) Residence: No. 1101 Poplar Grove St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Charles A. Oliver

DATE OF BIRTH (month, day, year) May 22, 1864.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Patrick Mulcahy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Joseph A. Burns
(Address) 615 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Feb. 10, 1938

19. UNDERTAKER Harry A. Tuttle
(Address) 4101 Edmondson Ave.

20. FILED FEB 9 - 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938 to Feb 7, 1938

I last saw her alive on Feb 6, 1938 Death is said to have occurred on the date stated above, at 8.45 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Right side Trunk off

Date of onset

Other contributory causes of importance:

General Sclerosis of Arteries

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify

(Signed) John A. Graham M. D.

(Address) 1219 Eutaw Place

F 13765

13765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 932

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Fawsing ave St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Schnebel

(a) Residence: No. 1223 N. Decker ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 64; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S FATHER'S

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Northeastern Police Station

(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 9 - 1938 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

Clinton Hollyman M.D. Registrar

20. FILED 2-9-1938

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Schnebel, M. D. Coroner

(Address) 1919 E. North ave.

8814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13766 ✓ 94 F 13766

F 13766

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 E. 20th St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Kramer

(a) Residence: No. 701 E. 20th St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary Kramer

6. DATE OF BIRTH (month, day, year) Sept. 7-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Abraham Kramer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora Kramer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Kramer

(Address) 701 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-8-38 19

19. UNDERTAKER Jas. S. Lowe Inc.

(Address) 1439 E. Baltimore St.

20. FILED FEB 9 1938 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1417 E. North Ave.

13767 Thomas F 13767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1146 n Carey St. 16-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Thomas

(a) Residence: No. 1146 N. Carey St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

U S Veteran
Spanish WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas H. Thomas

DATE OF BIRTH (month, day, year) May 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Calvert Co Md
(State or country)

13. NAME Robert Jones

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Gracie Jones

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Henry Jones
(Address) 1146 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/9/38

19. UNDERTAKER T. G. Nelson
(Address) 1323 Pennington St

20. FILED Huntington Williams, M.D.

2-9-1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1938 to 2/7 1938

I last saw h alive on 2/7 1938 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Stomach & Lungs	1/10/38

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Fletcher M. D.

(Address) 122 S. Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

13768 F 13768

CERTIFICATE OF DEATH

V 92-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1939 W North St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Larkin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1939 W. North St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John J Larkin

7. DATE OF BIRTH (month, day, year) Aug 30. 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Jas. Gilchrist

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Cecelia Flanagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Larkin

(Address) 1939 W north

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb. 10, 1938

19. UNDERTAKER Margaret A. Flynn

(Address) 1222 Light St

1938 Filed Feb. 11 1938 Registrar.

Burlington Hillcrest

16

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 10. 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15. 1938 to Feb 8 1938.

I last saw h-m alive on Feb. 7. 1938. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Feb 1.
Other contributory causes of importance: Myocarditis	6 mo.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert E. Wade M. D.

(Address) Med Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

13769 — 3-246-B — F 13769

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Hume St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... Ca. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bridget Henrietta Gough

If U. S. Veteran specify WAR .....

(a) Residence: No. 1304 Hume St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gough

7. DATE OF BIRTH (month, day, year) Dec 2, 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ignazius Butler

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Liggie Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Susie Buck

(Address) 1507 Thames St

18. BURIAL, CREMATION, OR REMOVAL

Place St Ignatius Md Date 2/10 1938

19. UNDERTAKER Joseph T. Locke

(Address) 1312 Jefferson St.

Feb 9 1938 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938 to Feb 8, 1938

I last saw her alive on Feb 8, 1938 Death is said to have occurred on the date stated above, at 5 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	July 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, explain .....

(Signed) H. H. Massey, M. D.

(Address) 1317 Eutaw

y

E 13770

HEALTH DEPARTMENT—CITY OF BALTIMORE

13770

CERTIFICATE OF DEATH

50

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5604 Fair Oak Ave. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth L. S. Kaufman

(a) Residence: No. 5604 Fair Oak Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred W. Kaufman

7. DATE OF BIRTH (month, day, year) August 19, 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Christopher Bauerweis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Marquard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Alfred W. Kaufman 5604 Fair Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date 2/10/38, 19

19. UNDERTAKER (Address) Leonard J. Funk 5305 Harford Road

20. FILED 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 37 to 2/7/38, 19 ... I last saw h... alive on 2/7/38. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Was an operation performed? Yes Date of about 6 mos.

For what disease or injury? Carcinoma of Breast

Name of operation Radical Breast

What test confirmed diagnosis? Microscopic Exam.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wyeth Kelly M. D.

(Address) 5703 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13771

CERTIFICATE OF DEATH

47-NF 13771

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 27-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME TRAUGOTT LEUSCHNER

(a) Residence: No. 4500 ELSERODE AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

If married, widowed, or divorced HUSBAND of (or) WIFE of A. Augusta Leuschner

DATE OF BIRTH (month, day, year) Feb. 12, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon Carpenter

10. Date deceased last worked at this occupation (month and year) 2-1-1938

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick W. Leuschner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Seibold

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Ernest E. Leuschner

(Address) 401 Berkley Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 11th 1938

18. UNDERTAKER Fred Longenecker

(Address) 1122 Belair Rd

FEB 8-1938

19 Registered

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1938 to 2-8-, 1938

I last saw him alive on 2-8-, 1938 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF LARYNX	1937
BRONCHO PNEUMONIA	2-6-38
CORONARY THROMBOSIS	
Other contributory causes of importance:	
MEDIASTINITIS	
SEPTICAEMIA	

Was an operation performed? YES Date of 2-3-38

For what disease or injury? CARCINOMA OF LARYNX

Name of operation LARYNGEAL FISSURE

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) W. B. Long M. D.

(Address) UNIVERSITY HOSPITAL

13772 Mc Innes ✓ 13772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-8

1. PLACE OF DEATH

CITY OF BALTIMORE; (No.) 504 McCabe Ave St. 27-12 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lina McInnes

If U. S. Veteran specify WAR .....

(a) Residence: No. 504 McCabe Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John McInnes.

7. DATE OF BIRTH (month, day, year): July 22, 1852

8. AGE: Years 85 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Landau Germany

13. NAME: Keith

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Wills

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr Harry E McInnes 502 McCabe Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cem. Date Feb. 11 1938

19. UNDERTAKER (Address): W M Tuckey Sons North & Mt Ave.

20. FILED ..... 19..... Registrar.

FEB 8 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1938 to Feb 8 1938

I last saw h... alive on Feb 8-38 5 P. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	Jan 3

Other contributory causes of importance: Myocardial degeneration Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. E. Lee M. D.

(Address) 106 N. Madison Ave.

13773 HEALTH DEPARTMENT—CITY OF BALTIMORE 13773

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hospital (Ward) 17-30

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Nellie C Hart (Casandra)

If U. S. Veteran specify WAR .....

(a) Residence: No. 3409 Taney Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert E. Lee Hart

DATE OF BIRTH (month, day, year) Sept. 12, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Reeves

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lucretia Ann Belt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mr. Robert E. Lee Hart
(Address) 3409 Taney Rd.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 11, 1938

UNDERTAKER [illegible]
(Address) [illegible]

FEB 9 - 1938 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-38. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-7-38. 19..., to 2-9-38 19.....

I last saw h[illegible] alive on 2-9-38. 19 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	?
Hypertensive heart disease	7 yrs ago
Chronic myocarditis	[illegible]
Cerebral Hemorrhage	Last yr

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. K. Mary Belt M. D.

(Address) Md Gen Hosp

D. B. 1268-9

13774

F 13774

HEALTH DEPARTMENT—CITY OF BALTIMORE

X131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W. Henrietta St. 23-1 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C Bunch

(a) Residence: No. Cambridge Md St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Arlene Bunch

7. DATE OF BIRTH (month, day, year) Dec - 24 - 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 37

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Joseph Bunch

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME OF MOTHER Catherine Davis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edmund Bunch

(Address) 141 W. Montgomery

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/11 1938

19. UNDERTAKER Isaiah L Bromton

(Address) 1056 Montgomery St

1938 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 23, 1938 to Feb - 8, 1938

Last saw him alive on Feb - 7, 1938 Death is said to have occurred on the date stated above, at 8 4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute nephritis Dec 37

Acute Bronchio Pneumonia

Other contributory causes of importance:

Hypertension

Name of operation + + + Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan L Brunch M. D.

(Address) 122 N Dallas

3775 ✓ F 43775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Colored Book 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Redgewood St.) (Ward) 19

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorithy Levi

(a) Residence: No. 1501 Maraloga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0170

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Walter Levi

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Effie Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Levi.

(Address) 2451 Francis St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date 2/11 38 19

19. UNDERTAKER T. E. Kelton

(Address) 1303 Pleasant St

2-1938 Huntington Pattison & Co. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 . 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Kerr, M. D.

Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 107-a

CITY OF BALTIMORE: (No. 14 S. Carlton St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomazine Frazier — If U. S. Veteran specify WAR ...

(a) Residence: No. 14 S. Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem. | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/15/38

7. AGE: Years — | Months — | Days 19-24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robt Bowden

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Thomazine Frazier

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Thomazine Frazier
(Address) 14 S Carlton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Feb. 9, 1938

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

1938 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/38

22. I HEREBY CERTIFY, That I attended deceased (from) 1/15/38 . 19 ... to 2/9/38 . 19 38

I last saw h... alive on 2/8/38 . 19 38 Death is said to have occurred on the date stated above, at 12.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/5/38
Other contributory causes of importance: Acute Rheumatic Heart Disease	1 yr

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Jno Bowden M. D.

(Address) 514 N Carrollton

F 13777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital) 11-3 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby John C Marsh

If U. S. Veteran specify WAR

(a) Residence: No. Edgehurst, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 19 - 1937

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Marsh

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Curtis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alice Curtis Marsh
(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL Westminster, Md.
Place St. John's Catholic Cem. Date Feb. 11 1938

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1938 to 2/9 1938

I last saw him alive on 2/9 1938. Death is said to have occurred on the date stated above, at 3 02 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	2/1/38
Other contributory causes of importance: Bronchial Pneumonia	2/3/38

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. F. Johnston Jr. M. D.

(Address) Maryland General Hospital

938 Huntington Williams, M.D.
14

F 13778

3778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 E Lanvale St., 34-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie E. Montague If U. S. Veteran specify WAR

(a) Residence: No. 638 E. Lanvale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Montague

7. DATE OF BIRTH (month, day, year) Aug 26 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME OF FATHER William Bo

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Mary E. Kane

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Montague

(Address) 638 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date Feb. 11 1938

19. UNDERTAKER Edward A. Evans & Sons

(Address) 1400 N. Charles St

20. FILED 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1937 to 2-8 1938

I last saw her alive on 2-8 1938 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis -	
Other contributory causes of importance: Cerebral hemorrhage	2/4/38

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) James Brown M. D.

(Address) 705 Medical Arts

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4209 Euclid ave St. 20-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ann Russell

(a) Residence: No. 4209 Euclid ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of Charles W. Russell

DATE OF BIRTH (month, day, year) June 12, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER James King

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME OF MOTHER Elizabeth Graham

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Grace R. Chase

(Address) Scarsdale New York.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 10, 1938

19. UNDERTAKER John A. Moran

(Address) 3006 E. Baltimore

20. FILED ... 19... Registrar.

1938 Hughston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1938 to 2-8 1938

I last saw her alive on 2-7 1938 Death is said to have occurred on the date stated above, at 10.30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-29-38
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Ernest L Jenkins Jr M. D.

(Address) 4123 Frederick ave.

4093 36 — B 13780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jones Burks

If U. S. Veteran specify WAR

(a) Residence: No. 25 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9-1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Jordan Jones

14. BIRTHPLACE (city or town) (State or country) Va —

15. MAIDEN NAME Amanda Adams

16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Reads —

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Ave Date Feb 11 1938

19. UNDERTAKER Robert H Wilson

(Address) 1515 McCulloh St

20. FILED ... 19... Registrar.

1938 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938 to Feb 8, 1938

I last saw her alive on Feb 6, 1938 Death is said to have occurred on the date stated above, at 8:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Jan 8th 1938
Miliary Tuberculosis	?
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas A. Bunn M. D.

(Address) Johns Hopkins Hospital

13781

HEALTH DEPARTMENT—CITY OF BALTIMORE 13781

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 76-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas J. Corrigan (CARRIGAN)

(a) Residence: No. 3605 E. Joppa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 9 1937

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Corrigan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Schenkey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Pauline A. Kontz

(Address) 3625 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Scharf's Date Feb 10th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Feb 10 1938 Huntington Williams, M.D.

B101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1/38 1938 to 2/8 1938

I last saw him alive on 2/8/ 1938 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Acute Mediastinitis	
Other contributory causes of importance: Dysentery	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C T Evans M.D.

(Address) Mercy Hospital

E 13782

3782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emmert Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR or Record

2. FULL NAME Harry Pennington Vicks

(a) Residence: No. 600 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If ~~married, widowed, or~~ divorced HUSBAND of (or) ~~WIFE of~~ Divorced

DATE OF BIRTH (month, day, year) Mar 14th 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) 2/1/38

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm P. Vicks

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Kabb

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James C. Vick

(Address) 401 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 10th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Inc

FILED FEB 10 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1938 to Feb. 8, 1938

I last saw h. him alive on Feb. 8, 1938 Death is said to have occurred on the date stated above, at 11:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular disease with mitral aortic stenosis & insufficiency; cardiac hypertrophy & dilatation	1924

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Rachmaan Davidson M. D.

(Address) University Hospital

F 13783

13783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 N. Rogers Ave Ward) 27-15

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Sarah Spencer

(a) Residence: No. Home for the Aged of the M. E. Church St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Spencer

DATE OF BIRTH (month, day, year) Nov 3 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Tittle

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

15. MAIDEN NAME Sarah Harrison

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Etta Cuddy.

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 15 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Feb 14 1938 Pennington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Febry 1 1938 to Febry 8 1938

I last saw her alive on Febry 2 1938 Death is said to have occurred on the date stated above, at 9.05 a. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? Clinical Methods. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2/8/38 (Signed) George C Shannon M. D.

(Address) 760 Fulton Ave

F 13784

13784 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Tunbridge Rd St. 27-B Ward)

Length of residence in city or town where death occurred 1 yr. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kezia S Stevens

If U.S. Veteran specify WAR No Record

(a) Residence: No. 603 Tunbridge Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wilborn W. Stevens

DATE OF BIRTH (month, day, year): Oct 17, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Capt. George Martin

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Kezia Pitt

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Myrtle Kraber 603 Tunbridge Rd

18. BURIAL, CREMATION, OR REMOVAL: Woodland Cem. Date 2/11, 1938

19. UNDERTAKER (Address): W M Cook 1217 Edmondson Ave

FEB 10 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936 to Feb 9, 1938

I last saw h alive on Feb 8, 1938 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Chas Frahm, M. D.

(Address) 1823 Edmondson Ave.

13785 E 13785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30597 JS

Registered No. 246-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME William H. Zollickoffer

(a) Residence: No. 1146 Carroll St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-1-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Virginia Pierce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 11 1938

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED 19 Registrar

8101938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1938, to 2-8, 1938.

I last saw h. im alive on 2-8, 1938. Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid with metastasis	unknown
Bronchio Pneumonia	2-5-38
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lt. Woodward, M. D.

(Address) Balto City Hosp

F 43786

M. D. B. 1268-8

43786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-3 ✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Frances St. 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Etta Thomas

(a) Residence: No. 2427 Frances St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nelson Thomas

6. DATE OF BIRTH (month, day, year) Aug 6, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Baskerville

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Francis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clarence Edward Thomas

(Address) 2427 Frances St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/10/ , 19 38

19. UNDERTAKER Chas Abrams

(Address) 1200 McCulloh St

20. FILED ... , 19 ... Registrar

2/10/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 , 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 , 1932 to Feb 7 , 1938

I last saw her alive on Jan 17 , 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	1/10/37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W Wilson Ivey M. D.

(Address) 1708 Penna Ave

13787 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13787

CERTIFICATE OF DEATH 30600--CM 95-13

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 14-3 Ward)

Length of residence in city or town where death occurred 30--35-years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Norman Jr.,

If U. S. Veteran specify WAR .....

(a) Residence: No. 2027 Druid Hill Ave St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabelle (D)

7. DATE OF BIRTH (month, day, year) 6-7-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.I.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Florence Brown (D)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 2-10-38

19. UNDERTAKER John M. Johnson
(Address) 1700 Druid Hill Ave

FILED ..... 19..... Registrar.

101938 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 5 1938 to February 7. 1938.

I last saw him alive on February 7. 1938 Death is said to have occurred on the date stated above, at 7½ a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Unknown
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Santville M. D.

(Address) Baltimore City Hospitals

F 13788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

16-5

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Bentalou St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Ledley,

(a) Residence: No. 906 N. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Ledley,

DATE OF BIRTH (month, day, year) May 8. 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Samuel Bowers,

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Rachel Pannebeker,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Miss Bessie R. Ledley,

(Address) 906 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date FEB 12 1938

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED FEB 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

FEB. 1938

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20. 37, to Feb. 9. 38.

I last saw h[illegible] alive on Feb 9. 1938. Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	several years
Other contributory causes of importance: old age + exhaustion	2 mos

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (City)

(Signed) Herbert S Ziegler M. D.

(Address) Med Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13789 F 13789

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St.) - 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma James Johnson

(a) Residence: No. Stafford Hotel, city St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Mr J. Hemsley Johnson

7. DATE OF BIRTH (month, day, year) July 18 1862

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Mr Henry James

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Miss Amelia Cate

16. BIRTHPLACE (city or town) (State or country) Boston, Mass.

17. INFORMANT Mrs Paul Taylor (Friend)

(Address) 1531 Lakeside Ave., city

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 11, 1938

19. UNDERTAKER Wm. H. Pretzfelder & Sons

(Address) Huntington, West Virginia

20. FILED FEB 10 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1938 to February 9, 1938

I last saw her alive on February 9, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right	
Other contributory causes of importance: Arteriosclerotic heart disease	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, state how .....

(Signed) Robert H. Lewis M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

13790 CERTIFICATE OF DEATH ✓ 93-C F 13790

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Dubas

If U. S. Veteran specify WAR

(a) Residence: No. 2100 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Frank Dubas

DATE OF BIRTH (month, day, year) March 12th 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Otto

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr Frank Dubas

(Address) 2101 E. Chase St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 11th 1938

UNDERTAKER Wm J. Dickey & Bros Inc

(Address)

FILED 10 1938 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Feb. 9, 1938

I last saw her alive on Feb. 9, 1938. Death is said to have occurred on the date stated above, at 3 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis c Decompensation	3 wks
Other contributory causes of importance: Terminal Bronchi-pneumonia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Broeiller M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 43791 F 43791

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Briggs

(a) Residence: No. 18 Second Ave., Halethorpe Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newtown- Gore Ireland

MOTHER FATHER

13. NAME Robert Briggs

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert J. Walsh

(Address) 3605 Ellamont St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 2-10, 1938

19. UNDERTAKER Gm J Lechner & Son

(Address) Govd & Fa

FEB 10 1938 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Feb 8
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Martin Hanna Coroner

(Address) 1822 W. Baltimore St.,

S 6

3792 F 13792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 66-C

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 11 — Ward 3)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 16 dls. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Grimes T. Harvey — If U. S. Veteran specify WAR ____

(a) Residence: No. Upperco Md. St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Feb 6 - 1937

AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1	✓	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0 0

10. Date deceased last worked at this occupation (month and year) ✓ — 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Cadiff L Harvey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eula F. Mathes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Cadiff L Harvey

(Address) Reisterstown Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Pleasant Grove Baltimore Date 2/12 1938

19. UNDERTAKER Edward Tipton

(Address) Hampstead Md

20. FILED 2/12/38 H. Eugene Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1938 to Feb 9, 1938

I last saw h[illegible] alive on Feb. 9, 1938. Death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cretanism	since birth
Other contributory cause of importance: Bronchopneumonia	3 days

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. L. Mansfield, M. D.

(Address) Md General Hosp

M. D. B. 1208-B

15 E allen

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13793 CERTIFICATE OF DEATH ✓ 107-a F 13793

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1742 Jackson St. 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Collison

(a) Residence: No. 1742 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Collison

6. DATE OF BIRTH (month, day, year) April 28. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70	10 9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert Esbens

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Collison

(Address) 1616 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb 11 . 1938

19. UNDERTAKER Le Roy L. Hodges

(Address) 6209 Belair Rd

20. FILED 19 Registrar.

EB 10134

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 . 1938 to Feb. 8, . 1938

I last saw her alive on Feb. 7 . 1938 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-5-38
Other contributory causes of importance: Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Tolliod M. D.

(Address) 707 E. Fort Ave.

13791 E 13791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 - V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth?..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Owings

(a) Residence: No. ..... St., ... Ward. Elkridge, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed or divorced: HUSBAND of (or) WIFE of John H. Owings

DATE OF BIRTH (month, day, year) April 21, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Henry Hutchins

14. BIRTHPLACE (city or town) (State or country) Howard County, Maryland

15. MAIDEN NAME Mary E. Owings

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT John H. Owings

(Address) Landing Road, Elkridge

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 11 1938

19. UNDERTAKER E. Leroy Stoffer & Inc.

(Address) 125 E. North Ave.

20. FILED FEB 10 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, to Feb 9, 1938.

I last saw her alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1/30/38
Peritonitis - generalized	2/4/38
Other contributory causes of importance:	
Bronchopneumonia	2/6/38

Was an operation performed? Yes Date of Feb 4, 1938

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy; Release of adhesions

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Freeman M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46F 43795

Registered No. 43795

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lewis H. Holt

(a) Residence: No. 606 N. Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	D	M

If married, widowed, or divorced
HUSBAND of (or WIFE of) Nellie Holt

DATE OF BIRTH (month, day, year) Dec. 4 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Estville, Va.

13. NAME George Holt

14. BIRTHPLACE (city or town) (State or country) Estville, Va.

15. MAIDEN NAME Susie Carpenter

16. BIRTHPLACE (city or town) (State or country) Estville, Va

17. INFORMANT Nellie Holt
(Address) 606 N. Carrollton ave.

18. BURIAL, CREMATION, OR REMOVAL
a Place Estville, Va Date Feb. 11, 1938
b UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

FEB 10 1938 Huntington Williams
Exley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-21-38, 19 to 2-7-38, 19

I last saw him alive on 2-7-38, 19. Death is said to have occurred on the date stated above, at 8:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas, metastasis to liver and duodenum	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-31-38

For what disease or injury? Carcinoma of head of pancreas, metastasis to liver and duodenum

Name of operation Cholecystostomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leonard Levine, M. D.
(Address) University Hospital

13796 HEALTH DEPARTMENT—CITY OF BALTIMORE 13796

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1601 W Mulberry St., 19-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Todd Lindsay

(a) Residence: No. 1601 W Mulberry St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Lindsay

7. DATE OF BIRTH (month, day, year) Aug 11 1904

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

13. NAME Anderson Mosleatner

14. BIRTHPLACE (city or town) (State or country) Mississippi

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Lindsay (Address) 1601 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Feb 12, 38

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St

FEB 10 1938 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938 to Feb 9, 1938

I last saw her alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coma Diabetes

Date of onset
Feb 5
Feb 2
Feb 1

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

13797 B 13797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13797 X167

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital, St. or Ward) 2nd 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2nd ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward C. Long

(a) Residence: No. 350 E. Main St Westminster Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Long

6. DATE OF BIRTH (month, day, year) Dec, 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER'S FATHER

13. NAME Henry Long

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hester France

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ida Long
(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL Md 2/13 1938
Place Lisburn Cemetery

19. UNDERTAKER N. Bankard & Son
(Address) Westminster Md

20. FILED FEB 10 1938 19 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1938 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Suicide Date of injury Feb. 9, 1938

Where did injury occur? Westminster Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Used Shot Gun

Nature of injury Wound of Head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Schaeffer M. D.
Coroner

(Address) 737 E Main St

F 13798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 13798

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 E. Fayette St 46-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William R. Whitten Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 2411 E. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Jan 9, 1858

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gamester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: William R. Whitten

14. BIRTHPLACE (city or town) (State or country): Balto.

15. MAIDEN NAME: Elizabeth Mc Gilton

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Howard W. Crawford
(Address): 3708 Kimble Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Feb 12, 38

19. UNDERTAKER: John F. Moran
(Address): 3000 E. Balto St

20. FILED: FEB 10 1938, 19... [illegible] Registrar

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/27/38, 19..., to February 9, 1938

I last saw h... alive on February 9, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr nephritis interstitial	2
Uraemia	2/4/38
Other contributory causes of importance:	
Chron. asthma	?
Benign Prostatic hypertrophy	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert S. Schwartz M. D.

(Address) 1939 E. Chase St

L. D. B. 1268-9

F 43799

43799 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Plum alley 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mariah Nance Jeffries

(a) Residence: No. 1013 Plum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Jennie Jeffries

DATE OF BIRTH (month, day, year) Mar 2 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dallas N. Carolina

13. NAME Neo Morris

14. BIRTHPLACE (city or town) (State or country) Dallas N. Carolina

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Dallas N. Carolina

17. INFORMANT Catherine Brown

(Address) 627 E. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Gastonia N.C. Date Feb 10 1938

19. UNDERTAKER Walter B. Scriggs

(Address) 1321 Druid Hill Ave

20. FILED Feb 10 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to Feb 6, 1938

I last saw her alive on Feb 5, 1938 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset June 11

16 mos

Other contributory causes of importance:

Pneumonia in December 37

Hypertension

Name of operation — Date of

What test confirmed diagnosis? Urine & Albumin — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) David D. Wilder M. D.

(Address) 1122 N. Eutaw

13800 F 13800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

Registered No. .....

1. PLACE OF DEATH Fairlain Lane & Edison Highway
CITY OF BALTIMORE: (No. Private Home) Brito & Ohio Railroad St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME William May

(a) Residence: No. 2005 Aldhaster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Nov. 29-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Grayville Tennessee

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Velma Farrell
(Address) 208 S. Aldhaster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Chattanooga, Tenn. Date Feb. 12 1936

19. UNDERTAKER George W. Zinkan
(Address) 737 E. Eager St. Hunterstown Williamsport, N. J.
Registrar

10138

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture Skull	
Partial amputation of both legs	
Fracture of both arms	
Fracture right hip	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Shock Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 7, 1936

Where did injury occur? Fairlain Lane & Edison Hwy.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by Railroad Train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schuster, M. D.
Coroner

(Address) 1418 E. North Ave.

V 5 6

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 18th DAY October

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #403418 Oct 24, 1937 AND

ENDING WITH #443800 Feb 10, 1938 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

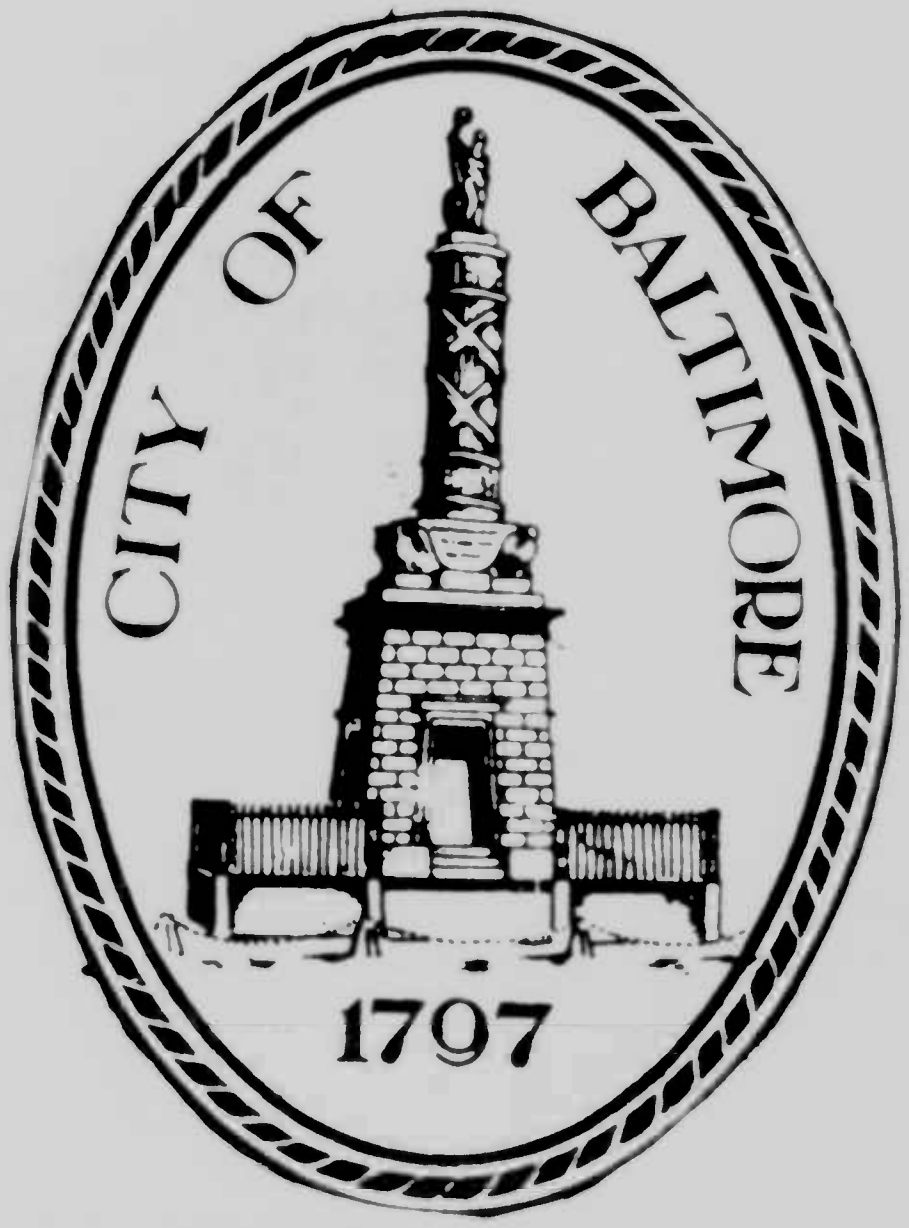
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: [illegible]



END OF REEL